

CHEMIST & DRUGGIST

the newsweekly for pharmacy

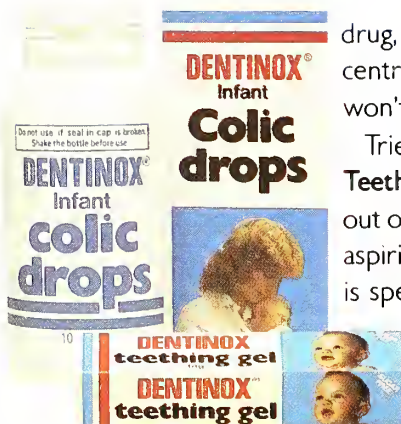
April 23, 1988

Occasionally a tiny baby
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It's a relief to know you can recommend Dentinox with confidence.

Colic Drops for even the youngest baby. The active ingredient, Dimethicone, works quickly to disperse the bubbles of ingested air that cause the pain. It contains no systemic



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Safe, Baby medicines from Dentinox

**Extra year for
new contract
compensation**

**Industry to
fund drug
licensing**

**Practice Chair
for Booth**

**Regaine: the
bald facts**

**PSNI Statutory
Committee
strikes off two**

**BPSA backing
for Society
on training**

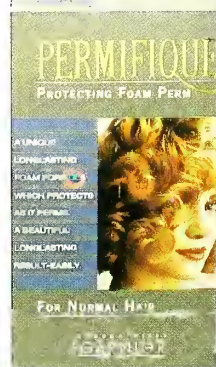
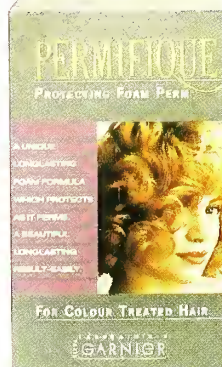
GARNIER
PARIS

LABORATOIRES



Sales Will Spiral

- A major technical innovation in home perming from Laboratoires Garnier.
- New Permifique has a unique foam formula - easy to use.
- Permifique protects as it perm creating beautifully conditioned yet long-lasting curl and volume.
- Permifique has a support pack in excess of £1 million - including T.V. to guarantee sales.
- In the home perm market, demand is growing for high quality premium brands. You need to be ready to meet your customer's demand.
- Permifique provides you with high cash profits. Stock it and both your sales and profits will spiral.



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COMMENT

The Association of the British Pharmaceutical Industry got good and bad news from the Government last week when Parliamentary Under Secretary for Social Services Lord Skelmersdale stood in for John Moore at its annual dinner (p774). Industry heard again that there are no immediate plans to extend the limited list and that the Government does not intend to impose generic prescribing, rather to encourage general practitioners to prescribe more cost effectively. Indeed, Junior Health Minister Edwina Currie underlined the Government's hopes in the Commons debate on the Health and Medicines Bill. Her call for standardisation to 28 days supply, a two week trial for new medicines, and five-day courses for antibiotics, is unlikely to be applied universally by GPs but it deserves to be heeded (p774). Even greater savings would follow if the Government backed the triple repeat prescriptions form long advocated by the pharmaceutical profession. And if industry can itself encourage responsible prescribing regimes through its medical representatives, then there might be a sufficient reduction in the drug bill to prevent the DHSS taking more draconian measures.

Community pharmacists have their own part to play on

local therapeutics committees. Cheshire pharmacist Clare Dutton is a case in point reducing the prescribing costs of a five GP practice by 25 per cent through the use of a 170 item drug formulary (C&D, March 12). If she manages to extend the scheme to 60 GPs, savings could be £300,000 a year.

We suspect that industry will view with less enthusiasm the Government's intention to lay at its door the cost of running the Licensing Authority. The ABPI has been pressing for a speeding up of the licensing process so that the backlog of products waiting to come to the market can be reduced. In the discussions to come there will be a delicate balance between the size of the fee industry is prepared to pay and the level of Licence Authority performance it requires.

As ever, this Government is encouraging industry to put its money where its mouth is. The DHSS must be careful not to be too greedy. As the Lords Select Committee on Medical Research noted last week (p709), research and development of the calibre necessary to produce new medicines can only be sustained by a viable pharmaceutical industry.

New contract compensation extended by a year

Pharmacy contractors giving up their contract before the end of October 1988 will be eligible for revised compensation and the Pharmaceutical Services Negotiating Committee and the Department of Health have agreed on a year's extension of the scheme.

The £5m cost of upgrading this second year of the compensation scheme above the original half-NHS remuneration and of extending the scheme, will be borne mainly by existing contractors out of this year's global sum. The new scheme will also be open to those who came into contract between May 1985 and April 1, 1987, who were excluded under the original scheme.

PSNC financial executive Mike Brining says the PSNC has always maintained that the compensation scheme should have extended beyond two years. That the DHSS have agreed to an extension, albeit funded from the global sum, may reflect concern that pharmacy numbers are still higher than the Department would like. Details of how the scheme will work have still to be finalised.

Although the additional fee rates have been fixed (see p773) they will not come into effect this month. PSNC is still negotiating for a revision of the three tier system of professional fees, and Mr Brining expects to see the whole package introduced

probably in time for June's prescriptions.

PSNC feels the present three tier fee system is insufficiently flexible to reimburse contractors their costs group by group. Although it is technically possible to introduce a fee scale with more steps it will require reprogramming of the Pricing Authority's computers: change is also opposed by the Department which says the current scales have only been in place a year.

"The Committee is insistent that the fee structure delivers the right remuneration to those pharmacies in the bottom half of group two, just above the 16,000 level. It is essential there should be no creeping attrition," said Mr Brining.

The other outstanding issue to be settled is the inquiry programme for 1988-89. The Pharmacy Review Panel recommended inquiries into sources of capital funding, capital employed and interest rates. The DHSS is demanding a stockholding inquiry.

For the current year the stockholding period has been assumed to be four rather than seven weeks: it will be adjusted (probably slightly upwards) when the inquiry results are known.

This year's global sum has been fixed at £486.8m, a 9.7 per cent increase on last year's figure. Fees and allowances account for £459.2m; £5m goes to fund the

extended compensation scheme. Pharmacists keeping patient medication records and servicing residential homes will be paid £1.8m this year and a similar amount next (see below). PSNC has still to decide how the money, which will be available from October 1, is to be distributed. A code of practice has also to be drawn up.

To make up for an

underpayment of £41.6m in overheads and labour costs during 1987-88, a sum of £20.6m has been agreed for this year, to be paid as soon as possible (the remainder on May 1, 1989).

The money will be paid out on a *pro rata* basis as a percentage of each contractor's remuneration from April 1, 1987. If businesses have changed hands the money will be paid to the new owner.

MPs back eye and dental charges, despite revolt

Despite a revolt by Conservative backbenchers, the Government secured a Commons majority of 74 in resisting a new challenge to eye test charges last week.

Twenty two Conservative MPs voted for a Labour amendment to the Health and Medicines Bill designed to secure the continuance of free eye tests, but it was defeated by 280 votes to 206. In another vote, 18 Conservatives joined the Opposition parties in opposing the introduction of charges for dental examinations. But this amendment was defeated by 81 (287-206).

Health Minister Tony Newton argued that the introduction of competition into the market for spectacles in 1986 had demonstrated that charges were likely to be less of a deterrent to people seeking eye tests than had previously been envisaged. In a bid to limit the size of the Tory rebellion, he announced new arrangements to exclude "tens of thousands" more people from payment of the fee, expected to be around £10.

Mr Newton estimated that one third of the population would remain entitled to free tests, including all children, all members of families on family credit, all those on income support and all those registered blind or partially sighted.

The Conservative rebels joined with Robin Cook, Labour's Shadow Social Services Secretary, in maintaining that the introduction of charges for eye tests and dental examinations ran counter to the Government's claims to be in favour of preventive medicine.

While the predictions made by the Government Whips (see last week's *C&D*) that they would be able to deliver comfortable majorities on these key issues proved to be well founded, the debates left further question marks hanging over the political future of Social Services Secretary John Moore.

While he is in no immediate danger of losing his Cabinet seat, the Prime Minister is coming under increasing pressure to reduce his responsibilities by reintroducing a separate Ministry of Health with its own independent Ministerial chief.

The Bill was given a third reading by 305 votes to 185 and now goes to the House of Lords.

£36m

The Pharmaceutical Services Negotiating Committee has negotiated £3.6m for community pharmacists to keep patient medication records for the elderly and confused, and to provide services to residential homes.

Alan Smith, PSNC chief executive, said on Tuesday that the scheme would start on October 1. Some £1.8m would be paid to contractors providing services this year and the remainder next year. It will involve 10,000 residential homes, each with an average of 25 residents. The fee and on-cost for dispensing would be the same but there would be an additional amount per patient *per annum* for the added responsibility of supervision. He could not yet disclose the amount per head.



The National Pharmaceutical Association has presented the Ulster Chemists Association with a set of six botanical prints to hang in its newly refurbished Belfast offices at 73 University Street — the headquarters of the Pharmaceutical Society. UCA president Dickie Chambers and secretary Mabel Stewart hold a framed print flanked by NPA chairman David Thomas (left) and director Tim Astill

Ciprofloxacin theophylline warning

Ciprofloxacin should not normally be used in patients treated with theophylline, and patients should be warned against self-medication as some cough and cold preparations contain theophylline, according to two doctors who work for the Committee on Safety of Medicines.

Writing in the *British Medical Journal*, Drs Bem and Mann say that the ciprofloxacin (Ciproxin) data sheet warns that quinolone antibiotics inhibit theophylline metabolism and both prolong and raise plasma theophylline levels.

The CSM has received eight reports of clinically important interactions; in most cases the doses were well within the recommended range. Signs and symptoms appeared rapidly,

usually two to three days after starting ciprofloxacin. One elderly woman died with a toxic plasma theophylline concentration after taking a short course.

An interaction is not inevitable, the doctors say, but they recommend that the two drugs are not used together because of this unpredictability. Where theophylline and ciprofloxacin have to be used together, plasma theophylline concentrations should be monitored.

Ovulation prediction kits available for testing at home are saving women having to make repeated trips to fertility clinics for laboratory tests and treatment.

A trial at the Royal Free Hospital has shown that women using ovulation tests at home can pinpoint the day of ovulation with a similar degree of accuracy to that achieved by laboratory methods, so they have to come in to a fertility clinic only on one day for the next stage of their treatment.



"I think I should hold on to those for now"

Records and home service

Codes of practice had to be established both for supply to homes and for keeping medication records. He estimated records would be needed for at least two to three million elderly and another half a million who were confused. The DHSS had proposed giving pharmacists an allowance to buy the necessary computers but Mr Smith thought that funding the hardware was only the beginning. More money was needed for the work involved in using the records.

The aim was to encourage the elderly to use the same pharmacy voluntarily. He did not think the public or profession were ready for compulsory registration. OTC medication would be included and pharmacists would be trained in record keeping.

Mr Smith was speaking at a joint meeting of the Society's Hospital Pharmacists and Community Services Pharmacists Groups. He said there was a desperate need for co-operation between hospital and community pharmacists and he was delighted that several hospital pharmacists had been appointed to pharmacy practice subcommittees.

Another potential area of co-operation was QC. He thought it a pity that information held by quality control laboratories was not disseminated to community pharmacists to help them in their choice of generics. Generic prescribing was increasing and with the introduction of strict liability it was vital for all pharmacists to know the quality of drugs they were dispensing.

New professional fees

Revised additional professional fees have been agreed with the Department of Health and are given in abbreviated form below. They will be introduced at the same time as the new professional fee scale, and so are likely to be applied to scripts from June onwards.

Preparations when extemporaneously dispensed and endorsed:

	Proposed Fee p/Rx
(a) "Extemporaneously dispensed"	
(i) Unit dosage forms	200
(ii) Liquids being "special formula preparations"	100
(iii) Liquid preparations prepared by straight-forward dilution	50
(iv) Ointments, creams, pastes, being "special formula preparations"	200
(vi) Ointments, creams, pastes prepared by dilution or a mixture of standard or proprietary items	100
(b) "Aseptically dispensed"	
(i) Unit dosage forms	1000
(ii) non-unit dosage forms	600
(c) "Extemporaneously sterilised"	600

'Fix waiting list length'

Health authorities should have to specify the levels of service people could expect and the maximum periods they might have to wait for treatment, says their national association.

In a submission to the Government's NHS review, the National Association of Health Authorities proposes a contract with consumers, with an internal market trading mechanism of agreements within districts, between districts and with the private sector to keep waiting list times down to the specified periods.

NAHA also suggests a package of measures to make services more user-orientated, including training staff in dealing with the public, a speedier complaints system, and performance review emphasising quality of service.

And, while agreeing there is little sense in an alternative system of funding, the Association says the NHS should be allocated sufficient funds to meet inflation and legitimate patient demands, amounting to 2 per cent real growth per year.

NAHA also proposes standards of service be assessed.

Appliances and dressings

(a) (i) Elastic hosiery requiring measurement	100
(ii) Repairs to elastic hosiery	50
(b) (i) Trusses requiring measurement	150
(ii) Repairs to trusses	50
(c) Stoma appliances, suprapubic belts, incontinence appliances	
Replacement of complete appliance and/or One of more types of spare parts and accessories	100

Bulk prescription

	500
--	-----

Where liquid preparations

extemporaneously dispensed other than above are ordered to be supplied in more than one container, each extra quantity ordered

	100
--	-----

Where a prescription which

requires the addition of a vehicle/diluent results in a liquid of stability of less than 14 days, and necessitates supply in more than one container

	100
--	-----

Where the prescription is for a Controlled Drug

	100
--	-----

Urgent fees

	Fee per call out	Non Resident resident
	p	p

When the prescription is endorsed "urgent" and dispensed between the time the premises close and 11pm on days other than Sundays and public holidays

	525	1275
--	-----	------

OR

is endorsed "urgent" by the prescriber, or, "dispensed urgently" by the pharmacist and is signed by the patient, and dispensed between 11pm and the time the premises open or on Sundays and public holidays

	675	1525
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Appliances not covered by 4B and dressings

	50
--	----

Rota service

Weekdays	£6.50 per hour
Early closing day Sunday and public holidays	£15.50 per hour

The pre-registration trainees grant for trainees in the year commencing June 1 is increased to £2,400 per annum.

Oncost allowance: all prescriptions will continue to attract a flat rate oncost of 5 per cent.

Industry to fund licensing

Government has accepted that the responsibility for the control of medicines should remain in DHSS and that it should be under the charge of a single director. "We also accept that the work of the Division should be organised in functional teams and that these should be supported by suitable information technology," says Parliamentary Under Secretary for Social Services Lord Skelmersdale.

The Minister told guests at the Association of the British Pharmaceutical Industry annual dinner that Government also wanted full industry funding for the Medicines Division. "It would be a good investment yielding benefits by getting products onto the market more quickly."

"No plans to extend limited list"

Government has no plans at present to extend the selected list scheme or to introduce compulsory generic prescribing or substitution according to Lord Skelmersdale.

"Among such voluntary measures, we expect general practitioners to increase the number of prescriptions they write using generic drug names. This is not only good professional practice but affords an opportunity for savings in the drugs bill," he said.

Voluntary means, required the cooperation of the medical profession, said Lord Skelmersdale, calling on the APBI and its members to ensure that nothing was done to obstruct this

policy." We need to maintain a successful research-based industry in this country... and to ensure that tax-payers' money spent on drugs is used in the most effective and efficient manner.

"I have every confidence that we shall see success from these voluntary measures. But if we do not secure the hoped for improvement in prescribers' habits by voluntary means, then present policies will have to be reviewed and other options considered," Lord Skelmersdale said.

The Government was concerned that the generic medicines market should operate efficiently: there were signs that it was not. "Substantial price reductions for prescribed generics have been achieved by negotiation, however, the prices reimbursed to community pharmacists for dispensing generic medicines remain substantially above those paid by hospitals."

The price differential raised questions, said Lord Skelmersdale and there were also concerns about the ability of new manufacturers to enter the market for generic medicines: "If we are interested in a strong generic industry as well as in a strong researched-based industry manufacturing branded medicines."

ABPI president David Godfrey had earlier reminded the Minister of the industry's commitment to further develop health care. He said the scientific and technological teams built up at very considerable expense and over a prolonged period, were an enormous asset to our industry

and, to our country. "It is essential that this scientific and technological base is retained and, indeed, enhanced."

But industry was not self-sufficient, Mr Godfrey said. "We need strong support from the schools and universities. We need a regular flow of new graduates and access to centres of excellence both academic and clinical."

A good understanding and relationship with Government was of paramount importance to industry, said Mr Godfrey. "Government regulates us; it licences our products, our manufacturing facilities and processes and controls our profits and promotion. Only when we have a licence do we have a product and, having got a licence, we must operate within its

constraints."

Mr Godfrey also called for more patent protection of medicines for two reasons. "First, medicines are more advanced and the researching of particular benefits simply takes longer. Secondly, regulatory requirements are now much more demanding and time consuming."

"Restoration of effective patent life is what we need if we are to secure an adequate return on our investment in R&D," Mr Godfrey said.

"While we look to the Government to provide the necessary legislation in our own country, we realise that the UK is not alone. I ask Government to take a lead in this matter and try to persuade our partners in Europe to effect the necessary legislation."

Currie again rejects compulsory generics

Curbing over-prescribing by doctors and the adoption of more economic procedures by family practitioner committees offer the best prospect of limiting growth in the NHS drug bill, currently in excess of £2 billion a year, Mrs Edwina Currie, Under Secretary for Health, told the Commons last week.

She flatly rejected a Labour proposal for a new clause to the Health and Medicines Bill seeking to make the use of generic instead of brand name drugs compulsory. The proposal was withdrawn.

Mrs Currie said the family practitioner service spent £1.6 billion a year on drugs and contended that better prescribing, which would have wider application than compulsory generic substitution, was a better objective.

She praised the efforts being made by the Local Medical and Pharmaceutical Committees in Hampshire which were aiming to achieve a potential saving of up to £3.5m through a number of measures, including "standardisation to 28 days' supply, a two-week trial for new medicines instead of a month, and the greater use of five-day courses for antibiotics, rather than seven".

Mrs Currie suggested that there was "considerable scope" for other FPCs and local medical committees to take similar action and also urged more hospital

managements to introduce a formulary and management system which could produce "substantial savings".

Mrs Currie defended the Department of Health's relationship with the drug industry, claiming that it probably had more influence over the price of drugs than many purchasers in other countries.

PGC favours generic prescribing

The Pharmaceutical General Council is in favour of a rational and well thought out scheme of generic prescribing with guaranteed quality of product, ready availability and continuity of supply.

"Patients are concerned if they get successive supplies of drugs in different colours, shapes and sizes," PGC chairman Ian Mullen told Labour health spokesman Robin Cooke last week in a briefing. "Pharmacists should not have to chop and change every month to get the very best price if that means a difference in physical characteristics."



Mr David Godfrey, president of the Association of the British Pharmaceutical Industry (centre) pictured with Lord Skelmersdale, Parliamentary Under Secretary for Social Services before the ABPI annual dinner attended by the industry and its guests, and this year notable for the lack of MPs. Last Thursday Whips applied a three-line whip during the Health and Medicines debate cancelling, at a stroke, dinner invitations accepted by John Moore and 20-plus MPs

Society to review fee collection

Following complaints about late processing of membership cheques the head of the Pharmaceutical Society's Law Department Gordon Appelbe is discussing processing of fees with the secretary and registrar and director of finance.

Part of the problem was that this year the Society had to collect fees from 2,000 or so agricultural merchants and saddlers for whom there is a statutory cut off date of January 31.

By about the middle of January Mr Appelbe said he had received very few fees from agricultural merchants and saddlers and so he instructed the Society's bank to give them priority which may partly account for the delay in processing pharmacy fees.

Next year processing merchants' and saddlers' fees may be brought in-house.

Pharmacists on panel

During the Health and Medicines Bill debate, Health Minister Tony Newton announced that two pharmacists will be appointed from the DHSS standing pharmaceutical advisory committee to serve on a joint working party to examine the professional and ethical issues of nurse prescribing.

Zinc focus

Claims that lack of zinc can cause impotence, premenstrual tension, acne and alopecia, should be brought within the scope of the Medicines Act, says the *Drugs and Therapeutics Bulletin*.

Such claims cannot be substantiated and there are hazards from taking too much zinc; an intake of only 8.5mg above that in the average British diet — 10mg — can inhibit the absorption of penicillamine and tetracycline. A very high intake of around 300mg per day, can impair immune responses.

The *Bulletin*, published by the Consumers Association, says there is insufficient evidence to recommend zinc for the symptomatic treatment of colds. It recommends that its use is reserved for cases of known deficiency.

TOPICAL REFLECTIONS

by Krayser

English as she is spoke

Now you and I are professionals and may be expected to take for granted a reasonably wide vocabulary, so we comprehend the more formal language of Victorian times without having to think about it. But I seem to remember reading that we were to swap the very formalised language traditionally used on labels

for words of one syllable, more easily understood by ill educated locals and foreigners with a poor grasp of English.

The Society has decided to object to the proposed removal of "If symptoms persist, consult your doctor" warning from retail non-steroidal anti-inflammatories like aspirin, and suggests it should be extended to all medicines. It's a lovely bit of tight concise writing for all that. In case you are a foreigner it means "If you don't get better, talk to a doctor" to which I would add... "or pharmacist". But my version takes 31 letters: the original is 34.

Similarly with paracetamol, the Society suggests it should be labelled: "Not more than two to be taken at any one time, and not more than 8 in 24 hours". That's 64 characters. Why don't we use more direct language by saying "Don't take more than two at a time and never more than 8 in 24 hours" (57 letters)? I could go on, I'm sure you could too...

Computations

In last week's NPA Board report questions were raised about the number of computers in community pharmacy. It would be interesting to know. I suspect it must be about 80 per cent of premises.

I have two in use now, both cheap Amstrads which cover my needs adequately. I use one, an ordinary PCW, as a dedicated labeller. It pleases me immensely since I was able to get it working for just over £500. I can't see any



point in trying to use this machine as a multipurpose item even though I have the software. Instead I use another machine for all my word processing needs. I don't use it for accounting since I have perfectly satisfactory books which take little work to maintain, and can't go down the drain if the power fails or the computer locks up. My accountant seems to think this makes sense, but then mine is a single independent pharmacy.

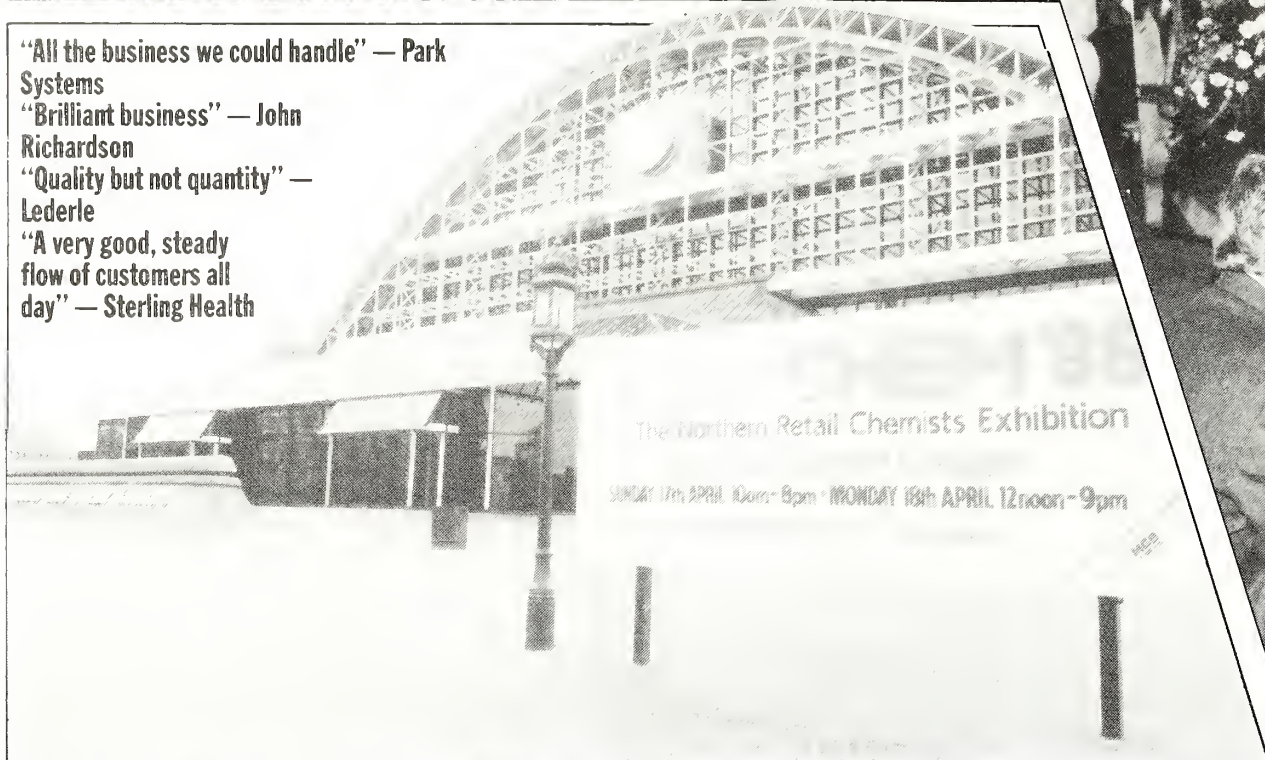
I'm not the least bit enamoured of computers. I'm satisfied to use them as a working tool. I am, however, thinking about buying a PC clone with hard disk, but am waiting for a suitable program which will give me labels, warnings, interaction warnings, drug use count, re-order numbers, and — the clincher — patient records for selected customers.

The only one I have seen is Vestric's. Its main drawback, so far as I can see, is the interminable and lengthening time it takes to access patient records when the capacity begins to fill...

Unimac?

I refer, of course, to the possibility of a merger. As I have said all along I would regret the loss of Unichem in its present form despite my irritation at its semming arrogance. Yet I cannot see unanimous board agreement, even if they were all sycophants, to the profound changes being promoted unless it were seen that the old friendly society format was no longer strong enough to protect the company and its future. Everyone who hopes to see independents as a permanent and increasing proportion of retail pharmacies has to be alarmed at the snowball buying which has gobbled up hundreds of our fellows. I like the suggestion from Keith Jenkins last week that Unichem takes over Macarthy and liberates their shops to individual pharmacists. If Unichem were a public company they could maybe do just that!

"All the business we could handle" — Park
 Systems
 "Brilliant business" — John
 Richardson
 "Quality but not quantity" —
 Lederle
 "A very good, steady
 flow of customers all
 day" — Sterling Health



1

2



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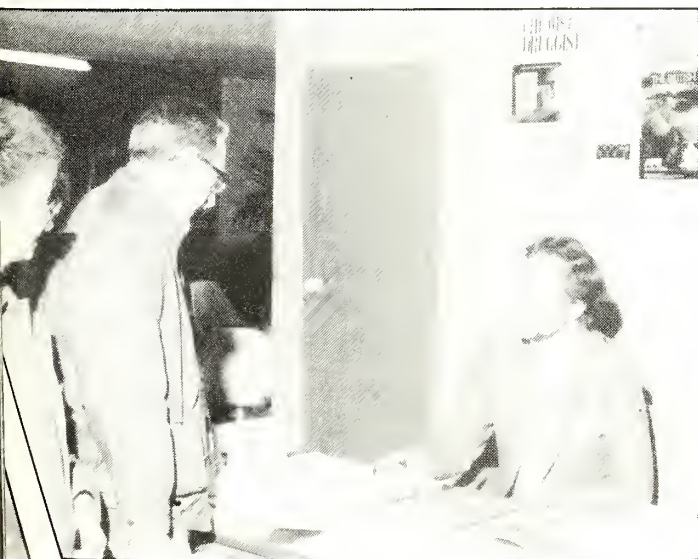
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8



9



PICTURES AT AN EXHIBITION

1. Norchem '88 featured some 64 exhibitors showing off their wares and expertise to over 1,500 visitors to the G-MEX centre in Manchester last weekend

2. Mr J.M. Caplan, from Dewsbury (centre), on the soft seat with Approved Prescription Services PR Joyce Kearney and West Yorkshire representative Mr J. Pluck

3. Dealing on the Becton Dickinson stand gets off to a brisk start

4. Torbet Laboratories Tony Hodges clinches his first deal for Buzpel, launched at Norchem, with pharmacist Nigel Bird of Sale — son Adrian looks on.

5. Sterling Health's Panther Kalista again was the star attraction on the company stand in G-MEX hall

6. The balloon goes up on the Berk stand as Rebecca Crowe and her mum talk to a company representative.

7. Exhibitor manager Maurice Hoare (centre) talks business on the C&D stand with Adam Almagore (left) and

Aristodimos Sofianos, directors of Cypher International Ltd. C&D dispensed coffee ad libendum all day for the foot sore, businessmen clinching a deal, or pharmacists just wanting to chat about their businesses to the newsweekly for pharmacy

8. Pharmacist Colin Moss and family of Oldham get a warm welcome from Wellcome representative Beverly Halt

9. Business services manager John Goulding takes an order on the National Pharmaceutical Association stand for one of its 22 special Norchem "takeaway" offers while playing "gooseberry" to his assistant Christine and her husband Terry. Mr and Mrs Fellows were married last week and gave up their honeymoon because of family illnesses and work pressures. So Terry was more than willing to help out on the stand on show-Sunday

10. Chemist & Druggist Price List Controller Colin Simpson gives advice to Mr and Mrs Jack Honigman of Cheadle, Cheshire

COUNTERPOINTS



Reckitt get fresh

Reckitt & Colman are introducing a new variant to that Deep Fresh foam bath range.

Deep Fresh Aqua (£0.99) is a foam bath with a light fragrance to appeal to sophisticated consumers, says the company.

The new addition to the range is to be backed by national television advertising. Commercials will run from June through to August on TVam. *Reckitt & Colman Pharmaceutical Division. Tel: 0482 26151.*

A silken touch

Stafford-Miller are launching Silkscreen, a hand cream to be applied before hands are exposed to the activities which make them rough and dry, says the company.

The product comes in a tube with a coloured illustration. *Stafford-Miller Ltd. Tel: 070 7261151.*

De Witt swap

De Witt International say that Glycinello, a Norwegian hand cream product, was removed from the market by the owners of

the brand without consultation with De Witt, who "regret the action". The company has replaced Glycinello among its distributed lines with hand and skin care product Glymiel. *De Witt International Ltd. Tel: 01-441 9310.*

Smooth move

Broadway Cosmetics Ltd are extending the Barielle range by introducing a new product called Sluff and Shave (236ml £4.50).

Used before shaving, its sloughing action smooths legs of rough, dead skin, preparing the legs for a smooth shave. It is then rinsed or wiped off after shaving. *Broadway Cosmetics Ltd. Tel: 01-455 8114.*

Radox relaunch

Nicholas Laboratories are relaunching Radox Herbal Bath this Summer (300ml £0.79 and 500ml £1.09).

The new packaging is designed to emphasise the natural appeal of the brand, and its new fragrances, improved formula and the addition of more herbs, says the company.

Comfrey, lovage, gentian and wild thyme have been added to create four new variants: Mountain Herbs, Riverside Herbs, Forest Herbs and Moorland Herbs, in tinted dark green, blue, light green and orange respectively. The new fragrances are light, with natural

undertones including lavender, musk, rosemary and pine, says the company. It claims the improved pH balanced formula has a richer, thicker consistency which foams better.

The new bottle is a transparent, conventional shape with a full-screw cap, designed for easy use. The waterproof vinyl labels feature the herbal environment of the particular fragrance.

A £1.5m national television campaign will be backed by showcards and shelf talkers. *Nicholas Laboratories Ltd Toiletries Division. Tel: 0753 23971.*



Raffles re-born

Raffles is a men's fragrance named after A.J. Raffles, the fictional character who led a hedonistic lifestyle in the thirties.

The range comprises eau de toilette splash (75ml, £15.50; 125ml, £22) and natural spray (75ml, £17; 125ml, £24), after shave splash (75ml, £12.75; 125ml, £17.50) and natural spray (125ml, £19). Press advertising is planned to start in June and run to the end of the year, backed by a series of gifts-with-purchase. The first will be a 60g talc available through all stockists.

Others will include a white silk scarf and ladies' jewellery. POS and sample are available. *Distributors Raffles International Ltd. Tel: 01-439 3806.*



Recommend RoC Total Sunblock Cream 15 A+B

RoC



And Let Your Photosensitive Customers Enjoy Every Sun Day

Only RoC Total Sunblock Cream 15 A+B provides the complete protection - against a broad spectrum of UVB, UVA and visible rays - which allows photosensitive patients to enjoy the pleasures of a sunny day like the rest of us.

Your recommendation plus the fact that we're telling doctors right now that RoC Total Sunblock Cream 15 A+B - colourless and tinted - is available for NHS prescription is sure to send demand soaring.

Extensively tested by Dermatologists, RoC Total Sunblock Cream 15 A+B is hypo-allergenic, tested non-comedogenic and produced under pharmaceutical standards.

Be sure you can meet the demand for RoC Total Sunblock Cream 15 A+B - by contacting your local wholesaler.

Or write directly to:
Laboratoires RoC (UK) Ltd,
13 Grosvenor Crescent, London SW1.
Or ring 01-235 9411 - now.

NHS prescribable



RoC Total Sunblock Cream 15 A+B

The complete answer for photosensitive patients



hypo-allergenic without perfume



WE CAN SAFELY SAY THEY'LL BE EVEN MORE POPULAR THIS YEAR.

Twelve and a half million homes all over the UK are already 'Savlon' Safe.

In fact, 'Savlon' products are now so widely used, they've almost become part of the family.

As the nation's brand leader, 'Savlon' Cream is still the one that mothers instinctively reach for when they need a cream that's gentle on grazes but tough on germs.

'Savlon' Dry is a handy antiseptic spray that's enjoying increasing popularity as the fast, modern approach to first aid.

While 'Savlon' Liquid is already one of the most tried and trusted antiseptic disinfectants on the market.

And this year they're about to become more popular than ever.

Because we'll be supporting our two leading brands with a stunning, full-scale press campaign during the peak sales period from May through to September.

So if your stocks are running low, we strongly recommend that you fill your shelves up now.

Just to be on the safe side.



KEEP YOUR SALES SAVLON  SAFE.

CARE LABORATORIES LIMITED, A WHOLLY OWNED SUBSIDIARY OF IMPERIAL CHEMICAL INDUSTRIES PLC. 'SAVLON' IS A TRADEMARK.
CARE LABORATORIES LIMITED, LINDOW HOUSE, BEECH LANE, WILMSLOW, CHESHIRE SK9 5HG.

Blackcurrant events

Beecham Bovril Brands have announced their Summer marketing plans for the Ribena range and C-Vit.

Among the activity is the launch of a new product, Ribena Dry, described as a light sparkling drink with a slightly sharp taste, and designed mainly for adult consumers. It is packaged in a green glass "wine bottle" (700ml) or a wide mouthed bottle (250ml) designed for out-of-home drinking. The product will be supported by a £1.5m national television campaign this Summer.

The company has reformulated its sparkling Ribena "for a more universal appeal", and will be advertising it, and it's diet partner, in the cinema from May.

Baby Ribena is being repackaged into smaller sizes to achieve a lower unit price. The 185ml size will move down to 150ml and 320ml to 300ml (£0.65 and £1.19 respectively). And the present apple and blackcurrant variant is to be replaced by apple only, in the 300ml size. Marketing support includes price promotions, year-round promotion to health visitors and £200,000 of money-off coupons. There will also be a joint promotion with Farleys.

The original Ribena is also being repackaged, with a new look that includes a "non-drip" tamper evident cap. The product itself is also being changed, with the addition of multivitamins, which will be shown on-pack.

Support includes television commercials highlighting the new cap and health benefits. Starring the Ribenaberries, two commercials will run in three bursts starting in July.

Finally the C-Vit range is being extended to include ready-to-drink Tetrapacks of the orange and lemon barley variants. In addition the 2 litre blackcurrant bottle will change shape to a slim neck like the rest of the range, and the 1 litre range will be changed to PVC rather than glass. Advertising support for the brand includes television commercials, with an initial burst beginning in June. Beecham Bovril Brands. Tel: 01-560 5151.



Seas go on TV

A television campaign for the Seven Seas Herbal Remedies range is being rolled out in the Yorkshire region in May, and Granada and Central in the Autumn after a test run in Anglia and Tyne Tees regions.

The Yorkshire campaign starts on May 9 for four weeks with a £55,000 spend and is aimed at affluent women in the region.

To give pharmacists details of the campaign, as well as an update on the range, Seven Seas are planning a series of regional

evening workshops. New POS material is available, including a free consumer leaflet on herbal remedies together with a small leaflet dispenser, a shelf strip and a window/door sticker.

The Seven Seas herbal remedies professional guide is a reference file which gives details of each product and also contains information from the Herbal Pharmacopoeia about the formulations. Details are available from the sales force. *Seven Seas Healthcare*. Tel: 0482 75234.

Canderel to hit the beach

Searle have produced "an amusing layman's guide to bench psychology", — "The Canderel Guide to Beachwatching" — to be offered on-page this Summer.

The book, written by Geoffrey Beattie, discusses such questions as: how do chairmen retain status dressed only a thong? And why is it alright to be seen, wearing only skimpy bikini, on the beach

by your milkman yet being caught in a dressing gown at home is embarrassing?

The book will be offered for four tokens plus postage and packing. The tokens are available on-pack: Canderel Spoonful 40g 1 token; 75g 2 tokens; Canderel tablets 100 1 token; 300g 3 tokens. *Searle Consumer Products*. Tel: 0494 21124.



Something fishy

Salmon Pure is the first line to be marketed by Health Laboratories Ltd, who have been set up to bring nutritional supplements from abroad to the UK.

Salmon Pure comes as a soft gelatin capsule containing 1000mg of salmon oil and is presented in two pack sizes — 60 capsules (£8.99) and 30 capsules (£5.99). The product comes in outers of 12. Carriage is paid on orders over £100. The introduction of further lines, such as OxyLife, a germanium-based product, and CoQ and Beta carotene supplements is planned. *Health Laboratories Ltd, Unit 3, Bayford Industrial Centre, Bayford Street, London E8 3SE* (Tel: 01-985 8211).

Herbal teas spiced up

The London Herb & Spice Company is extending the re-design of its 25 pack herbal teas, to include packs of 10.

They say the design features stronger colours and heavier branding and an emphasis that the range is caffeine-free. It will be introduced across the range. *London Herb & Spice Co Ltd*. Tel: 01-680 8337.

BRIEFS

Phillips Yeast Products Products for human use are to be distributed by Chefaro Proprietaries Ltd. This change affects their B natural, brewers' yeast, iron tonic, multivitamin, multivitamin with iron, natural abundance, Power Yeast, Tonic Yeast, Travellers, vitamin C, and Vitaminised Iron tablets, but not fish foods, PYM Bird Tonic, or brands for dogs and cats. *Chefaro Proprietaries Ltd*. Tel: 0223 312956.

Menley and James OTC product Cortac 400, Ironplan, Fesovit, Histyl, Procol and Sine-Off are to be sold and distributed by the Consumer Divisions of the Wellcome Foundation in the UK and Eire from May 31. Current trading and supply conditions remain until that date. *Wellcome Foundation Ltd*. Tel: 0270 583151.

Bayer UK say that following the introduction of new legislation, as from May 1, Sionon diabetic cereal bars in apricot and orange and sultana flavours will be liable to VAT (rsp £0.27 per bar). *Bayer UK Ltd*. Tel: 0635 39000.



UNICHEM MEMBERS

WHAT IS UNICHEM REALLY WORTH?

Macarthy's current proposals value UniChem at **£73 million**:
£64 million for your shares and a £9 million cash injection to your businesses
through early release of your PROSPER and PRISM discounts.

When independent City commentators commit themselves to a definite view
on an issue like the future of UniChem, they put their professional
reputations on the line.

To assist you in your assessment of what UniChem is really worth, we have
collated the comments of a number of leading investment analysts.

MORGAN STANLEY

"We value UniChem at a **little over £57 million**, so we would strongly
advise pharmacists that it has to be in their best interests to return the pink
forms in order to reopen negotiations with Macarthy."

ROBERT FLEMING SECURITIES

"Our valuation suggests an imputed **market value of £64.2 million....**
In our opinion, the offer by Macarthy is entirely credible and fair."

"Given the reaction of institutions to the likely value of UniChem,
many UniChem shareholders may find their expectations dashed if the
flotation proceeds."

SWISS BANK CORPORATION SAVORY MILLN

"As a single business company, we would certainly value UniChem at a
discount to Macarthy and would be inclined to agree with the **value of £64.2
million** given to the company if it were floated now."

**MACARTHY'S CURRENT PROPOSALS ARE WORTH £73 MILLION.
YOU HAVE THE POWER. MAKE SURE YOU USE IT.
SEND IN THE PINK FORM TODAY.**

Note: The value of the proposed offer given above is based on Macarthy's current share price. The total consideration available to each UniChem shareholder would depend on the terms finally agreed with the Board of UniChem or proposed by Macarthy for the allocation of the deferred consideration. The level of cash injection required to effect the early release of UniChem's PROSPER and PRISM discounts, described above, has been estimated by Macarthy.

The information in this advertisement has been given by J Henry Schroder Wagg & Co. Limited on behalf of Macarthy PLC.
The Directors of Macarthy PLC are the persons responsible for the information contained in this advertisement. To the best of their knowledge and belief (having taken all reasonable care to ensure that such is the case) the information contained in this advertisement is in accordance with the facts. The Directors of Macarthy PLC accept responsibility accordingly.

Gibbs campaign

Elida Gibbs are running a £1m advertising campaign for Gibbs toothpaste on sheet posters and in the Women's Press through April and May and are planning a repeat campaign in the Women's Press in October. *Elida Gibbs Ltd.* Tel: 01-486 1200.

£4m ad split

Beecham are running a £4m national television advertising campaign later this year for their toothpastes, split between Macleans and Aquafresh. *Beecham Toiletries.* Tel: 01-560 5151.

Bear facts from Beecham

Beecham Toiletries are now promoting Macleans Milk Teeth with an on-pack offer of a large, golden brown teddy bear for £3.50.

Packs feature illustrations of the bear, which is 17in tall and washable. It has been made in the UK by Real British Toys to conform to British Safety Standards.

To obtain a Macleans Milk Teeth teddy bear the customer is required to complete the application form printed on the rear of the pack, and send it in along with a cheque or postal order for £3.50. If, for any reason, the customer is then dissatisfied with the bear and returns it within 30 days, Beecham Toiletries guarantee a full refund, unconditionally. This offer closes on December 3. *Beecham Toiletries.* Tel: 01-560 5151.



Nicholas Kiwi to revamp Louis Marcel ranges

Nicholas Kiwi are revitalising their Louis Marcel depilatory and nail ranges.

For the hair removers and treatments a bright blue Louis Marcel logo signature is featured against a pastel blue crayon design feature. To make the products instantly identifiable to loyal users the female illustration will still feature on the packaging.

Two new products are to be introduced in time for the peak Summer season. The first is Smooth Shave, a creamy shaving foam with moisturisers and skin conditioners (200ml, £1.85). And Bikini Smooth (£2.95) will be available from June, and is a two-stage treatment for the removal of unwanted hair from the sensitive bikini area. The first stage is fragrance-free hair remover cream, followed by stage two — soothing skin balm to help to soothe the skin and rebalance the pH level after hair removal.

Point of sale support includes two new merchandisers to feature the full range, and in addition, strip wax, facial strip wax and hair lighteners have individual display

outers. A showcard for window or gondola completes the package.

The new Louis Marcel identity is to be carried through to a new product launch in the nail range — Quick Touch Nails. The Louis Marcel signature in bright magenta features on a hook and hang pack for these instant, press-on, re-usable nails (£2.25).

Quick Touch nails are available in six fashion colours plus a natural shade which can be painted with nail enamel. Each pack contains 20 nails of varying sizes to ensure a perfect fit, plus 40 adhesive tabs. Refill packs of 60 tabs (£0.99) in graded sizes are also available. A display unit is available headed with the Louis Marcel logo. It will sit on counter or shelf and may be wall-mounted.

A new advertising campaign for the complete Louis Marcel range breaks in June. With an increased total spend of £800,000 the campaign is spread throughout leading women's magazines and runs until January. There are six full colour page advertisements featuring the individual categories. *Nicholas Laboratories Ltd.* Tel: 0753 23971.

A Marigold hand out

Marigold are running a money-off promotion on their house gloves. With three proofs of purchase of Marigold Extra Life and Light Touch, consumers will receive two 50p coupons for purchases of the house glove originally bought.

The offer is open until December. *LRC Products Ltd.* Tel: 01-527 2377.

Mates Healthcare are launching an 18-pack of Mates Natural in April (£2.50). *Mates Healthcare Ltd.* Tel: 0256 840011.

Eylure's French fancy

Eylure are introducing a French Manicure version of their Minute Nails press on false nails (£2.79).

The nails, which are attached with double-sided self-adhesive pads, feature the French Manicure style of painting — natural coloured nails with whitened tips — and are made in a new shorter "Work 'n' Wear" length. *Eylure Ltd.* Tel: 06333 66611.

For poets?

Richards & Appleby are adding a shower gel to their Byron range of male toiletries.

The gel, which contains added moisturisers, is packaged in a deep blue bottle with a flip top cap (250ml, £1.49). *Richards & Appleby Ltd.* Tel: 0695 20111.

Eyes right for Klorane

Klorane Laboratories are running a banded pack promotion on their eye make-up removing lotion.

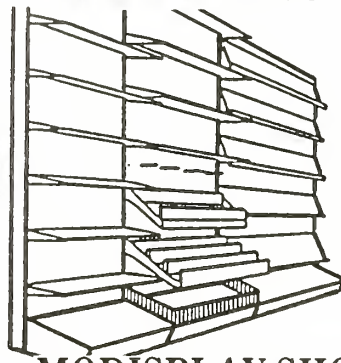
The promotion offers a free Eylure mascara in black banded to the 100ml bottle. Distributors *Eylure Ltd.* Tel: 06333 66611.

Scotch off

3M are offering packs of six Scotch cassettes for the price of five.

The offer runs on special Scotch CX90 and BX90 and is available from now until the end of May. *3M United Kingdom Plc.* Tel: 0344 428726.

THINKING ABOUT SHOPFITTING?



★ For a superb-looking shop plus increased t/o and profits

PLEASE RING
01-805 6240
01-804 8898

* N.P.A. Approved

MODISPLAY SHOPFITTING LTD
1 LOCKFIELD AVE, ENFIELD, MIDDX EN3 7UU.

Milking the insect business

Parlour Products are to make Mosquito Milk (£4.99, roll on) available to pharmacies in the next couple of months. It contains DEET as an active ingredient and natural plant extracts from rose, lavender and geranium. The company says the product which has won several Gold Medals in Europe is non-allergic with very low toxicity properties.

Two "stripes" are applied to either side of the exposed part of the body. The company says it gives protection for up to eight hours. The 50ml container is handbag-sized and leak proof, according to *Parlour Products plc*. Tel: 0858 56051.

Advertising buzz

Bayer UK are spending £500,000 on a national television and radio advertising campaign for Autan insect repellent from June.

They will be providing POS with shelf talkers and a free-to-enter consumer quiz. *Bayer UK Ltd Consumer Products Division*. Tel: 0635 39000

Bad news for insects

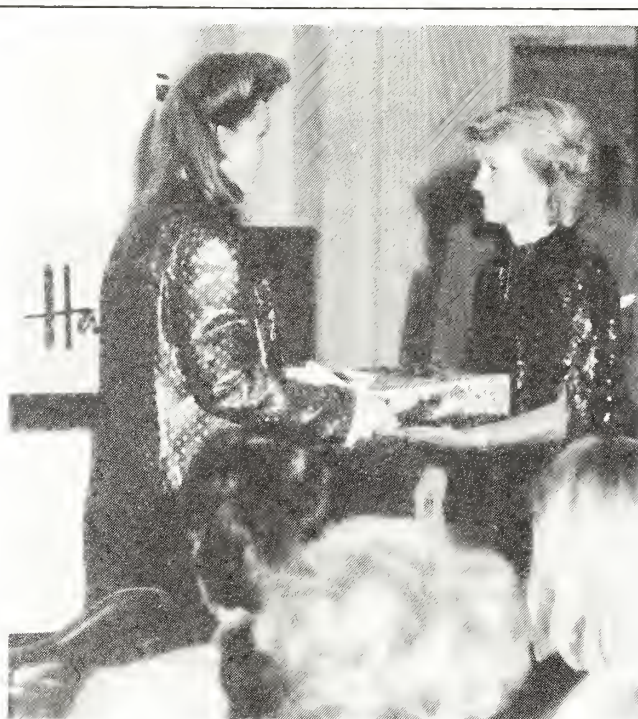
Traveller International are launching extensions to their Buzz-Off mosquito killer range.

The original Buzz-Off 220/240 volt unit now comes complete with 30 tablets each effective for up to ten hours, and refill packs of 30 tablets are available.

A new worldwide voltage version will be available for use on 240v and 110vs.

Also new for this season are Buzz-Bands. Each pack contains two ankle and two wrist bands with mosquito repellent properties to protect the most vulnerable areas from biting insects, plus a 50ml bottle of DEET reactivating fluid. Buzz-Bands are said to be active for up to 120 hours provided they are stored in their resealable bag when not in use.

All the products will carry a special promotional offer of a £10 holiday voucher. *Traveller International Products*. Tel: 01-499 2774.



The Duchess of York was one of the guests at an auction of 20th century photographs in aid of The Search '88 Cancer Trust. The event, held in Harrods on March 21 raised £23,300 for the charity

Keep safe the Savlon way

Care Laboratories are giving away 500 smoke alarms in their "Keep Your Family Savlon Safe" competition.

Hypothermia, electric shocks and nose bleeds are three of the seven first aid situations entrants are asked to match with descriptions of correct courses of action: the questions are not only designed to be fun to answer but will also provide useful information on general first aid, says the company.

One hundred pharmacists will

also receive a smoke alarm drawn from the correct entries. Entrants are asked to fill in the name and address of the pharmacist they got the leaflet from on the competition form.

The Black and Decker smoke alarms are worth £17.95 each and are operated by a 9 volt battery.

The competition leaflets are backed by POS material and are available from Care Laboratories representatives. *Care Laboratories Ltd*. Tel: 0625 535577.

ON TV NEXT WEEK

G TV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV-am	TT Tyne Tees
<hr/>		
Anadin:	All areas	
Askit powders:	GTV,STV	
Disprol:	All areas	
Jaap's health salts:	GTV,STV	
Listerine:	All areas	
Macleans toothpaste:	All areas	
Natrei Plus:	All areas	
Reach toothbrushes:	LWT,C,TVS,A,TVam	
Right Guard:	All areas except CTV,LWT,C4,TVam	
Setlers Tums:	All areas	
Solpadeine:	All areas	
Stickers false nails:	All areas	
Wrights Coal tar soap:	TVam	

New look for SF35 shoe spray

Newtons Laboratories have repackaged their Newtons SF35 Odor-Free shoe spray. The company says the new design gives better indication of the product in use, and an accompanying leaflet describes the company's claim for its use to kill bacteria and possible fungal growth within shoes and inhibit their reintroduction for up to six months with one spraying.



A counter display unit contains one dozen aerosol sprays (£2.95 each), which Newtons point out contain "ozone friendly" butane as propellant.

SF35 Odor-free will be supported with advertising in the national daily and Sunday Press throughout the peak Spring and Summer seasons. *Newtons Laboratories*. Tel: 01-874 6511.

Unichem eye drops

Unichem have extended their own-brand portfolio with the addition of seven eye drops.

The company say these are the most commonly prescribed on the market. All eye drops come in standard 10ml dropper bottles, and are available to Unichem members at a trade price of between 66p and £1.50. The eye drops in the range are chloramphenicol 0.5 per cent, hypromellose BPC and pilocarpine 0.5 per cent, 1 per cent, 2 per cent, 3 per cent, 4 per cent.

Unichem say there will on-going discounts on bulk orders for eye drops promotions. *Unichem Ltd*. Tel: 01-391 2323.



Lady Jayne

Lady Jayne

the perfect
partners
from
Lady Jayne

LAUGHTON, ENGLAND

Pat. No. 1,034,272

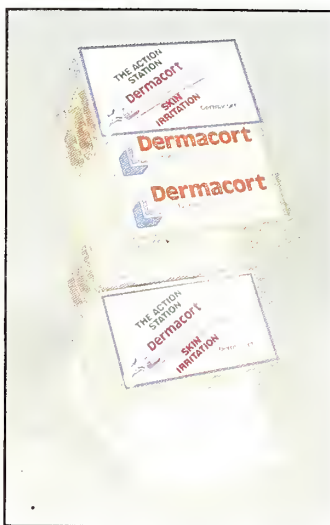
Laughton & Sons Ltd, Warstock Road, Birmingham B14 4RT

"Action stations" for Dermacort POS

Panpharma have produced new point of sale material to support their OTC hydrocortisone brand Dermacort, the 0.1 per cent cream in a special base, which the company says offers a clinical effect equivalent to 1 per cent formulations.

Tower display units, window stickers, shelf edgers and A4 shelf cards, all following the "Action stations" theme are available, together with free bonus terms, from Panpharma.

Dermacort, claimed number two brand in the OTC hydrocortisone market, is also being supported with coverage in the national Press, which runs through to December. Panpharma say the 60 to 70 "Action Stations" advertisements which highlight the product's use for skin irritations in *The Sun*, *Daily Mirror*, *The People*, *News of the World*, *Daily Record* and *Sunday Mirror*, will have a total circulation of 225 million, with 640 million potential sightings. Panpharma Ltd. Tel: 01-561 8774.



Shulton have produced a holiday gift pack (£7.95) which contains three "holiday essentials": sun tan lotion, sun glasses, and Mandate splash-on lotion. Shulton (Great Britain) Ltd. Tel: 0734 793000.



Regaine Topical Solution 2 per cent

Regaine, Upjohn's 2 per cent topical solution for the treatment of male pattern baldness will be available on private prescription from May 3 (see p800).

Manufacturer Upjohn Ltd, Fleming Way, Crawley, West Sussex RH10 2NJ. Tel: 0293 31133

Description Clear, colourless to light yellow liquid, containing 20mg minoxidil per ml

Uses Treatment of pattern baldness in males (alopecia androgenetica)

Administration 1ml twice daily applied to the centre of the affected area on the scalp. Total daily dose should not exceed 2ml. Method of application varies according to disposable applicator used. Hair and scalp should be thoroughly dry and Regaine solution allowed to dry without using a hair dryer. Twice daily application for four months or more may be required before hair growth stimulation. Onset and degree variable. Relapse to pre-treatment appearance on stopping medication reported to occur within three to four months

Contraindications Hypersensitivity to any of the components

Warnings For external use only. Flammable. Do not apply to areas of the body other than the scalp. Use results in slight absorption (average of 1.4 per cent of the applied dose) of minoxidil and potential for systemic effects should be considered. Most frequently reported adverse effects are minor dermatological conditions

Precautions Hypertensives should be closely monitored. Alcohol base will cause burning and irritation to eyes. Safety and efficacy in patients under 18 and over 65 not established. Damage or disease of skin may lead to increased absorption of minoxidil. Should not be used in conjunction with other topical agents

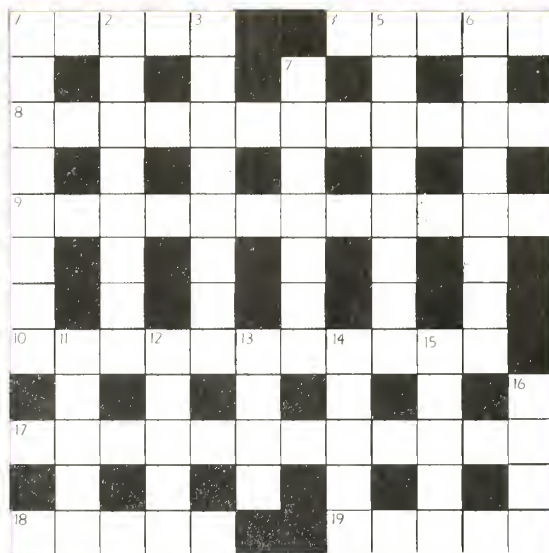
Packs Bottles of 60ml with pump spray, extended tip or rub-on assemblies (£20 trade)

Supply restrictions POM (not NHS)

Products Licence 0032/0136
Issued April 1988

WYETH GENERICS PHARMACY CROSSWORD NO. 3

The solution to No. 3 will appear alongside No. 4 in May, 1988.



Clues Across

- 1 Supplier of 5 (5)
- 4 Lively American soldier in the drink (5)
- 8 A sort of tinder action to imbue with an opinion (12)
- 9 Train a trail to become under one authority (12)
- 10 How to take medicine, standing on the bible? (11)
- 17 Ungulate from ancient Greek horse cum river (12)
- 18 She could be a gem (5)
- 19 Valued ground loses initial force (5)

Clues Down

- 1 Referee with famous mother? (8)
- 2 Overdose could do this (3,2,3)
- 3 Combing out awkward questions (8)
- 5 Supplied by 1 across (8)
- 6 Rent a room? Why, it could be deadly! (8)
- 7 Correspond, with 1 for 5, perhaps (5,2)
- 11 A very special type (5)
- 12 Merely loses point to insinuate (5)
- 13 Representative in the team of warriors (4)
- 14 Extreme remark (5)
- 15 Fifty-one with a motorway junction at the end (5)
- 16 Ill-treated sailor gone second-hand (4)

Submitted by Mr Jack Britton, MPS, Long Eaton, Nottingham

Solution to Puzzle No. 2

Across: 7 Sanity 8 Insulin 9 Undulant fever 11 Erse 12 Story 16 Kaput 17 Talk 21 Secundum artem 22 Elders 23 Spurge
Downs: 1 Assured 2 Anodise 3 Still 4 Uniform 5 Clove 6 Shore 10 Net tutu 13 Cannery 14 Pastern 15 Scamper 18 Asset 19 Acids 20 Rasp

Prizes of £5 will be awarded to the senders of the first 10 correct solutions drawn on 7th May 1988.

Name _____ No. 3
Address _____
C&D _____

Wyeth Generics, Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH.

Compile your own & win £50


Send your crossword to **Wyeth Generics** If it's selected for publication here, we'll send you **£50** Puzzles should be no larger than 13x13 squares

Get the right result with

WYETH*
GENERICS
QUALITY ASSURED

*trade mark

Our Name... Your Reassurance

When it's  you can rely on it.

When we put our name to a product it carries the full weight of our reputation and our commitment, moreover it provides your best protection under the new legislation.

CP Pharmaceuticals is justifiably proud of the reputation which we have established for quality and consistency; the development and introduction of new product lines; and the full back up service and promotional support which we provide.

Now with one of the most sophisticated production facilities in Europe; probably the most comprehensive product range on the market and a major ongoing programme of research and development we are taking this commitment a stage further.

Add to this the indenticoding of the CP range, the phased introduction of original packs and the quality of our liability cover – and you have in CP the name you can rely on.

The name that makes the difference

CP Pharmaceuticals Ltd., Red Willow Road, Wrexham Industrial Estate, Wrexham, Clwyd LL13 9PX. Telephone: (0978) 661261, Fax: 660130, Telex: 61507 CPWREX G.



Anexate inj

Roche have launched the first benzodiazepine antagonist in the UK. Anexate (flumazenil) is a competitive inhibitor of substances which act via the benzodiazepine receptors in the central nervous system producing a rapid dose-dependent reversal of hypnosedative effects.

Anexate is licensed to reverse the effects of benzodiazepines in anaesthesia and intensive care situations.

Manufacturer Roche Products Ltd, PO Box 8, Welwyn Garden City, Herts AL7 3AY. Tel: 0707 328128

Description Ampoules containing an almost colourless solution of flumazenil 500 micrograms in 5ml

Uses Complete or partial reversal of the central sedative effects of benzodiazepines — termination of general anaesthesia induced or maintained by benzodiazepines; reversal of benzodiazepine sedation in short diagnostic and therapeutic procedures; and to allow return to spontaneous respiration and consciousness in intensive care patients

Dosage Usually 300 to 600 micrograms. See Data Sheet

Warnings Not recommended in epileptic patients who have been

receiving benzodiazepine therapy for a long time. Patients should be warned not to drive etc for at least 24 hours. See Data Sheet

Interactions The effects of non-benzodiazepines which act via benzodiazepine receptors eg zopiclone, are also blocked

Packs Five ampoules (£81.60 trade)

Supply restrictions POM
Product Licence 0031/0228
Issued April 1988

Prematil for SCBUs

Milupa have launched a new babymilk for use in hospital special care baby units.

Prematil, available in graduated 90ml ready-to-feed bottles, is said to be the result of extensive research by Milupa into the nutritional requirements of pre-term babies.

The company says that Milupa Prematil is the first preterm milk formula to be launched which meets new guidelines set by the European Society of Paediatric Gastroenterology and Nutrition (ESPGAN) in all respects. *Milupa Ltd. Tel: 01-573 9966.*



EC1 Mini now in beige

New to the range of stomacare products from Simcare is the EC1 Mini stomabag in beige. Designed particularly for ileostomists, who need or prefer a shorter length

bag, the EC1 Mini/beige is also useful for colostomists who require a smaller, discreet appliance while involved in active pursuits.

With its flat, rounded shape, the EC1 Mini is discreet and the additional width gives a good capacity despite the shorter length, say Simcare. The new beige version disguises the contents of the bag from the front, while the clear face at the rear enables the wearer to check on both the stoma and the bag contents with ease.

Manufactured from soft, rustle-free and odour proof plastic film, the EC1 Mini is available in just one size for both versions. The flange may be cut to fit stoma sizes from 10mm to 44mm and it incorporate Seel-a-peel, which affords a unique degree of skin protection and provides the wearer with security, comfort and confidence, the company says. *Simcare. Tel: 0903 761122.*

BRIEFS

Granuflex Burnpak will be known as Granuflex Traumapak from the end of April, and its indications have been extended to include minor traumatic wounds such as fingertip injuries, say *Squibb Surgicare Ltd. Tel: 01 572 7422.*

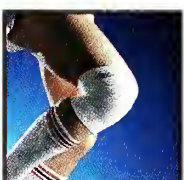
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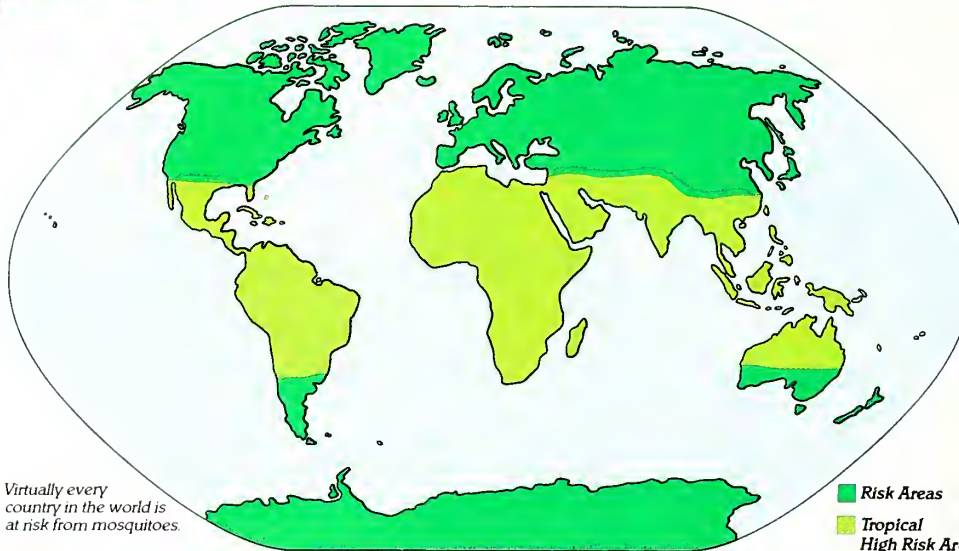
mosquito milk - THE

Mosquitoes A worldwide menace

Mosquitoes are a problem to a lesser or greater degree all over the world and it is surprising what a problem mosquitoes pose in Britain.

The British are a well travelled race with some 34 million holidaying in the British Isles and 15.5 million going abroad. Most people come into contact with conditions that form ideal breeding grounds for mosquitoes, particularly if the weather has been reasonably mild and wet in the spring.

The opportunity for mosquito lava to breed in water butts, pools and woodlands is almost certain.



Virtually every country in the world is at risk from mosquitoes.

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At last, a truly effective mosquito repellent

Proven effectiveness

Developed over a three year period by a young Belgian researcher Alfons Vandoninck, the product has been successfully put through its paces in extensive controlled tests in the entomology department of the Institute of Tropical Medicine in Antwerp. Here most of the world's current repellents were tested against Mosquito Milk™ with Mosquito Milk™ proving time and time again that it is the most effective repellent available. In addition, at the recent Brussels World Inventor's Show, Eureka 1987, Mosquito Milk™ won the Oscar for the best product. Other awards it has won include gold medals at both the

Geneva and Madrid inventor's exhibitions and a gold medal from the European Chamber for Development, Commerce, Industry and Finance, Gold Medal Inventalia 1987 – Madrid, Gold Medal Invention-Exp – Geneva, Honorary Gold Certificate Transtech 1987 – Montreal.

The Formula

The product is supplied in an easy to use 50ml roll-on applicator, and is a combination of deet, a tried and trusted repellent and a mix of extracts of plant oils including lavender, geranium and certain roses. Mr Vandoninck developed the product whilst working in the South of France on the creation of perfumes. "Certain plants", he noted, "repulsed mosquitoes and other insects and after extensive research I was able to ascertain exactly which elements of the plants were responsible. The product we now call Mosquito Milk™ is the distillation of those elements". Available in two types; Standard for non-tropical areas and Tropical for those areas particularly prone to mosquitoes. (List provided for easy reference)



Alfons Vandoninck

What is Mosquito Milk?

Mosquito Milk™, through its unique combination of ingredients, coupled with its non-allergic, very low toxicity properties, ease and economy of use, contributes to the proven statement that Mosquito Milk™ is the most effective mosquito repellent you can buy.

Why it works

Mosquitoes use a combination of smell, carbon-dioxide and infra-red sensors to detect a blood source in the body and then, as we all know, home in on it unerringly. Mosquito Milk™ works by affecting these sensors and stops them from reconstructing the heat image. Just two simple stripes on opposite sides of the exposed part is all that is needed for effective protection for up to eight hours, depending on conditions.



MOST EFFECTIVE MOSQUITO REPELLENT AVAILABLE



An under-exploited market

The UK insect repellent market is worth some 3.5 million inc. vat at retail level, which compares somewhat unfavourably but understandably with sales in other countries albeit with somewhat different climatic conditions. With sales of Mosquito Milk™ running at 100,000 bottles in Belgium, a country of only 10 million people and climatic conditions not dissimilar to ours, the market is totally under-exploited. Why? – mainly because the trades current perception of the mosquito

problem is one of low interest, a nuisance to a degree, yes, but basically ignoring the huge travel potential and the problem when the customer gets there. Yes, there are products available, but usually it's too late and it only takes one bite to ruin a holiday . . . 20% of all long haul holidays are spoiled through insect/mosquito bites. Mosquito Milk™ is *the most effective mosquito repellent available*. It will grow and develop the market.

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The Mosquito Milk™ roll on container was chosen with care after much testing and consumer research. It was preferred because:

- it was a handy handbag size
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- it is authoritative in its style. It says 'protection'
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Students call for improved preregistration training

The British Pharmaceutical Students Association has endorsed the recommendations of the Pharmaceutical Society's Working Party Report on preregistration experience and vocational training, but with some reservations.

A fundamental change in thinking and attitudes toward training is necessary so the preregistration period becomes a proper part of continuing education, according to treasurer Andrew Stanley. He told some 90 pharmacy students, preregistration graduates and pharmacists at the 46th BPSA conference in Liverpool last week, that if decisions are made now, in ten years time they would not be questioned.

The students supported the introduction of a registration examination but felt a multiple choice alone would not test communication skills; they favoured splitting the preregistration period but there was scant support for a call that training in hospital and community pharmacy be made mandatory.

On academic visitors, BPSA questioned whether the costs would outweigh the advantage. And they voted that costs of the whole package should not be borne by students alone (*C&D* April 16).

"Split year better"

The Conference debated the recommendation that the preregistration period should be restructured to allow six months in community, hospital, industry or other approved branches of the profession. A split year with all round training would lead to a sound pharmaceutical profession, said David Tait (public relations officer) seconding the motion. It would also improve communications between hospital and community pharmacists.

However a call by Andrew Stanley for an amendment to extend the training period to nine months in each of hospital and community practice, received little support. He said the learning curves used by the PSGB to assess training, showed that maximum learning occurred at nine months, while at six months the graduate was still on the



L to R: Ewan Cuthbertson, sports officer; David Tait, public relations officer; Hazel Rattenbury, president; Andrew Stanley, treasurer; Chris Rains, preregistration officer; 1987-88 executive

rapidly learning part of the curve.

These branches of the profession offered the best experience, he said.

Kaol Pazik (prereg ex Liverpool), speaking against the amendment, said the NHS would be loathe to fund a nine month preregistration post as this would increase the present 70 per cent drop out rate after registration.

Garth Newberry (prereg ex Aston) suggested that a month spent either in community, hospital or industry as a reciprocal swap would be easier to implement and would "let you see what's going on and appreciate what's involved."

The Conference passed the first part of the motion, in favour of a split training but the second part of the motion, detailing the type and extent of training, was defeated.

The introduction of post-registration vocational training before assuming sole responsibility of a pharmacy or pharmacy department, was proposed by Christopher Rains (preregistration officer).

It was also suggested that the training period should relate to the type of employment, so that further training would be needed if switching branches of the profession. Jane Rodgers, seconding the motion, said that an

intermediary step with extra back up would be useful.

There were a large number of abstentions and the motion was neither carried nor defeated.

White Paper

Conference welcomed the proposals in the Government White Paper on primary health care, and urged implementation as soon as possible.

A motion that the proposals for the financial restructuring of the BPSA known as the "six year plan" be implemented, was carried with a large majority.

Andrew Stanley (treasurer) proposed the plan, which was put to Conference last year. It is hoped it will come into operation in time for the coming academic year.

Ewan Cuthbertson (sports officer) proposed a motion that the *Pharmaceutical Journal* should be sent weekly, free of charge, to all final year pharmacy students. The motion was carried with a large majority.

Conference welcomed the recommendation that a registration examination would standardise training, but disagreed with the multiple choice format.

George Thornton (ski-ing officer) said that if the examination

as stated promoted a higher standard of training and a better quality of pharmacist, then it must be a good thing. However, the students felt it was important to examine communications skills and passed a motion by students of the School of Pharmacy London University, proposing that an oral examination be incorporated in the structure.

"The multiple choice examination alone would be insufficient to test the competency and skills of a potential pharmacist," said Trudi Hilton (London).

A motion that the costs of having academic tutors outweighed their benefits, proposed by Hael Rattenbury (president) received a split-vote. Although it would be useful to have visitors as a third party to which graduates could turn, the comment in the Report that visits would increase the academic pharmacist's understanding of pharmacy practice, as recommended by the Nuffield Inquiry, was attacked by Hazel Rattenbury: "Why doesn't a pharmacist know how pharmacy is practised?"

Conference passed unanimously a motion that the pharmaceutical industry should not be held responsible for people addicted to certain classes of drugs, provided that the relevant information was available in the data sheet when they were first prescribed.

Dai John, MPS, proposing the motion, said this was an example of product liability and that a consumer injured by a defective product would generally look to the supplier or manufacturer. "Why should the drug company be held responsible for a doctor who has inappropriately prescribed a drug?" he asked.

"Some prescribers should give much more care in their prescribing of many psychotropic drugs," he said, citing inappropriate prescribing of benzodiazepines as an example.

However a motion that beta-blockers should not be prescribed for sportsmen purely to relieve performance anxiety, was neither carried nor defeated.

Conference unanimously passed a proposal that all NHS prescription forms should bear a unique serial number to help to identify stolen prescription forms.



RGIT were this year's best charity fund raisers, giving £340 out of a grand total of £1,800 for the Tetraplegics (10 per cent goes to the Pharmacists' Benevolent Fund). Mrs Margaret Walters (right) wife of Dr Walters, head of Liverpool SOP, presents the prize



Left, Mr David Tait (left) president, 1988-89 with Mr Colin Woolford, PSGB public relations director

BPSA sentences record numbers to 'life'

A record number of honorary life members were appointed at the end of the BPSA's conference.

The six new life members are: Miss Hazel Rattenbury (president); Miss Jane Rodgers, MPS, (general secretary); Mr Andrew Stanley, MPS, (treasurer); Mr George Thornton, MPS, (ski-ing officer and Young Pharmacists Group social secretary); Mr Mark Koziol, MPS, (YPG vice-chairman) and Mr Jon Cohen.

The six life members were among volunteers for a working party to assess aspects of

Conference, such as its regulations and constitution, the distribution of information and entertainments. The working party will report at Conference next year.

The chairperson of the Young Pharmacists Group, Miss Christine Tobitt, MPS, and Mr Mike Williams, MPS, recruitment officer, spoke to delegates about its aims and activities.

Mr Koziol announced that the group is to back research into community pharmacy practice by schools of pharmacy, by providing £75 for each of two final year undergraduate projects.

1988-89 Executive

President, David Tait (prereg, ex Aston),
General secretary, Tee Treacy (Liverpool),
Treasurer, Raj Gokani (Liverpool),
public relations officer, Sandra Hyde (UWIST),
International liaison secretary,

Martin Oliver (Bradford),
Preregistration officer, Wendy Spicer (Brighton),
Sports officer, Trudi Hilton (London),
Student exchange officer, Hilary Harper (Aston),
Northern area co-ordinator, Tom Treacy (RGIT),
Pennine area co-ordinator, Leona Dallamy (Liverpool),
Western area co-ordinator, Max Kirby (Aston),
Eastern area co-ordinator, Emily Wilson (Portsmouth),
Ski-ing officer, George Thornton.

Health carers view of pharmacy in first mini symposium

"As others see us" was the title of the first mini-symposium organised for a BPSA conference; a doctor, a nurse, a consumer and an administrator were invited to give their view of pharmacists.

Mr Brian Riley, FPS, (regional pharmaceutical officer, Mersey HA), gave an administrator's view. He asked the delegates a series of questions, first from the perspective of an FPC administrator — he is also a non-contractor member of the pharmacy practice subcommittee of Liverpool FPC — and then from that of an NHS general manager.

"What steps are you as retail pharmacists taking to control drug budgets? What are you doing to create the right environment for private consultation in pharmacies? How will you overcome isolation from other pharmacists and members of the primary health care team? What training do hospital pharmacists have to support their involvement in the buying of drugs?"

"There should be more of an incentive for retail pharmacists to

work with prescribers to try and reduce drug costs," said Mr Riley.

He encouraged pharmacists to develop their professional, advice-giving and extended roles, and said that although access of patients to their facilities was excellent, more could be done to overcome the lack of privacy.

Dr Michael Orme, professor of clinical pharmacology at Liverpool University, said he envied the control of the number of pharmacists entering the profession and suggested that the medical profession was in danger of producing too many doctors.

He welcomed the idea of having a health care team in general practice, which would promote better communications and improve patient care.

He also favoured the involvement of hospital pharmacists in patient care but said he would hesitate in moving toward the the American model, where pharmacists directly look after some patients. "The training that you get at the moment is not

geared to that" he said.

Dr Orme supported direct patient counselling by pharmacists — "medical staff perhaps don't do this very well", he said — involvement in clinical trials, and the monitoring of adverse drug reactions. "The public still thinks

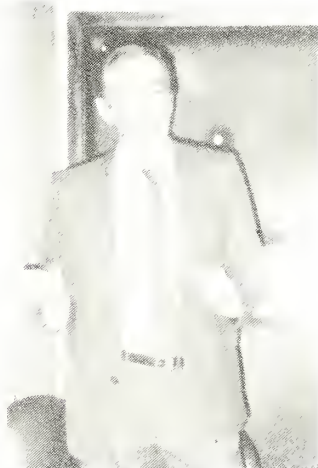
drugs only do good."

Miss Una McDonnell, clinical nurse specialist, Royal Liverpool Hospital explained the role of ward pharmacists in her hospital.

The pharmacist was an important source of education for student nurses, and advised on adverse drug reactions and interactions, as well as reducing the workload of nurses, for example, by producing total parenteral nutrition bags. "Good communications between nurses and pharmacists is important," she said.

Mrs Sylvia Hikins, chairwoman of a Community Health Council in Liverpool, spoke on behalf of consumers: "From a consumer's point of view a very important role is being missed." She blamed this on the retail pharmacists need for profits.

Mrs Hikins said that there is a large gap in the amount of information patients get from pharmacists about their medicines: "A number of pharmacists don't tell patients what their drugs are for."



Mr Brian Riley, FPS, Regional Pharmaceutical Officer, Mersey HA, addresses delegates

Q&A

The Pharmaceutical Services Negotiating Committee explains why this prescription for two different strengths of Prothiaden attracts two charges and two professional fees.

QUESTIONS

1. The patient is not exempt from paying for this prescription. How many charges should the pharmacist collect for this prescription and how many fees would be paid?

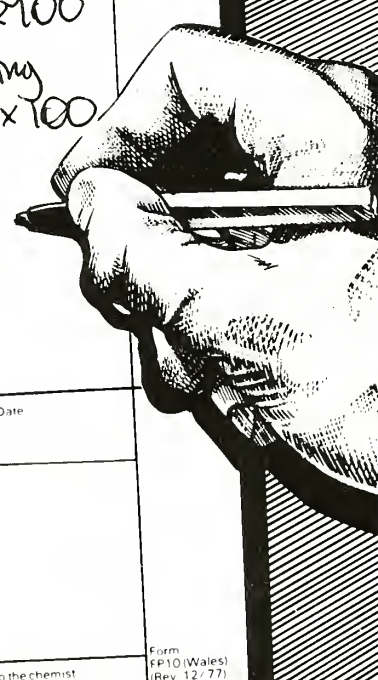
2. Why would the prescription constitute more than one charge when the same drug is being prescribed in different strengths?
3. If the prescription was ordered as one strength, eg Prothiaden 100mg, would the pharmacist collect two charges?

ANSWERS

1. The pharmacist should collect two charges and will be paid two professional fees.
2. Although the same drug is being prescribed but in two different strengths, Prothiaden 25mg is in a capsule form and Prothiaden 75mg is in a tablet form, which means that different formulations of the same drug are being prescribed on one prescription.
3. No. In this case the prescription could only be met by supplying a combination of the capsules and tablets, but, because it is ordered as one strength, only one prescription charge should be levied.

The pharmacist would still be paid two professional fees.

12 years		Initials and one full forename	
yrs mths		Address	
mp		Pricing Office use only	
No. of days treatment		NP	
N.B. Ensure dose is stated			
Rx Prothiaden 25mg x100 Prothiaden 75mg x100		Date Doctor	
IMPORTANT Read notes overleaf before going to the chemist			
Form FP10 (Wales) (Rev. 12/77)			



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THIS PROMOTION WILL HAVE SOFT & PURE WALKING OFF YOUR SHELVES! THAT'S BECAUSE YOUR CUSTOMERS WILL SOON BE ABLE TO COLLECT SOFT & PURE TOKENS TO EXCHANGE FOR QUALITY BEAR BRAND TIGHTS. ALL TEN LINES IN THE SOFT & PURE COTTONWOOL RANGE WILL CARRY TOKENS (1 TOKEN ON SMALL PACKS, 2 ON LARGE). CUSTOMERS NEED TO COLLECT 4 TOKENS TO EXCHANGE FOR 1 PAIR OF TIGHTS IN A CHOICE OF COLOURS. THE PROMOTION WILL BE SUPPORTED BY SPECIALLY PRODUCED POINT OF SALE MATERIAL AND PROMOTIONAL PACKS. IT'S BOUND TO BE A POPULAR PROMOTION SO MAKE SURE YOU CARRY ENOUGH STOCK TO MEET INCREASED DEMAND.



Pharmacist and vets urged to 'get together' over drug supply rivalry

The chairman of the Pharmaceutical Society's Statutory Committee in Northern Ireland has urged pharmacists and veterinary surgeons to "get together round a table and resolve the historic debate" of rivalry in drugs supply between the two professions.

Mr Charles Hill, QC, made his plea at a disciplinary hearing in Belfast on April 14. Pharmacist Mr William John Barnes, from Claggan Lane, Cookstown, County Tyrone, accepted that on ten occasions between December 18, 1985 and April 26, 1986, he supplied veterinary drugs without prescription, contrary to Section 58 (2) (a) and Section 67 (2) of the Medicines Act 1968.

'Black market smuggling with van men'

The Committee heard how a black market smuggling operation involving so-called "van men" was being run from the South of Ireland into the North, and was undercutting the businesses of both veterinary surgeons and pharmacists in Ulster.

Mr Hill accepted there was extreme competition because of the availability of the contraband drugs. He said that after "long service" as Committee chairman he also recognised the element of competition between pharmacists and vets concerning the supply of drugs, but he would now appreciate "some efforts being made in that direction". And he emphasised the need for co-operation between the two professions in Ulster when he said: "I want to use this Committee hearing as an opportunity to urge the Government and the Department to get the professions together around the table to see if this historic debate can be resolved."

He said it was known that the cross-border smuggling operations carried out by the so-called "van men" had an adverse effect on the business of both pharmacists and veterinary surgeons. There was no suggestion that Mr Barnes was

involved in black marketeering, and Mr Hill accepted there was no element of profiteering. But while he insisted that no reason justified breaking the law, he said that had he known in advance all the circumstances pertaining to Mr Barnes, "I would probably have exercised my discretion and not ordered an inquiry before this Committee."

The Committee heard from Mr Ian Tom (Millar, Shearer and Black, solicitors) how Mr Barnes, a respected and high-ranking lay official in the Church of Ireland, had suffered personally and professionally since he was prosecuted in court on June 26 last for the offences.

A Government Inspector told the Committee that the misuse of the antibiotic drugs had come to light after a meat sample from a County Tyrone processing plant was tested. Scientists discovered an abnormal content of antibiotics in the sample. Seven farmers then supplied evidence that Mr Barnes had provided them with veterinary drugs without

prescription. They, along with Mr Barnes, were convicted and fined.

But after hearing that Mr Barnes had accepted "moral responsibility" for his actions, and had paid his "hefty" fine and legal costs as well as those imposed on the farmers, Committee Chairman Mr Hill said: "This Committee cannot tolerate any breach of the law. But I am convinced that the court penalty imposed, along with the very honourable way in which Mr Barnes acted regarding the farmers concerned, was quite adequate."

This Committee, like myself, is entirely satisfied that there is not the slightest chance of you repeating this offence. We believe you should leave this Committee hearing with this matter entirely behind you, without even a rebuke.

"We urge you to return to your practice and resume the very considerable service you have obviously already provided both to your community and to your profession," Mr Hill said.

Striking off delayed until retirement

A pharmacist who dispensed pain-killers without a prescription is to be struck off by the PSNI Statutory Committee. But Mr Noel Patrick McGivern, of Noel's Pharmacy, 3 Elsington Court, Cregagh Road, Belfast, was told there would be no recommendation to have his name removed from the Register until July 1 — the day following his planned retirement.

The Statutory Committee inquired into a charge of misconduct after receiving information that Mr McGivern had purchased consignments of Distalgesic tablets and was unable to account for a discrepancy of 5,130 tablets.

Mr McGivern was present at the inquiry and was represented by Mr John Thompson, QC (instructed by Mr Brian Turtle of Carson, McDowell, solicitors).

The Committee heard that the offences, between January 10, 1986 and June 26, 1986, had come to light when a doctor contacted the DHSS pharmaceutical inspector, Mr Ivan McFarland, and said a patient she was treating had told her she was able to buy the tablets at Noel's Pharmacy without a prescription. Mr McFarland said he investigated the complaint and on totting up the invoices discovered 5,130 tablets unaccounted for.

Struck off for CD supply to hospital van driver

A pharmacist who supplied cocaine and heroin to a hospital van driver has been struck off by the PSNI Statutory Committee.

The Committee heard that on January 29, 1988, Miss Jennifer Clare Bailie, of Belmont Mews, Belfast, had pleaded guilty to a total of 12 charges of possessing and supplying the drugs and dishonestly obtaining them through the Pharmacy Department of the Royal Victoria Hospital, Belfast, where she was formerly employed. She was placed on probation for two years for these offences.

The Committee also considered a further charge of misconduct in that Miss Bailie had admitted taking cocaine from the pharmacy's Controlled Drugs

locker which she had substituted with lactose. Miss Bailie was present at the inquiry and was represented by Mr Patrick Vernon, solicitor, Belfast.

Mr Vernon told the Committee that the offences, which occurred between July 1986 and April 1987, were "wholly exceptional". The trial judge had accepted there was no criminal intent and Miss Bailie believed that in what she did she was helping police.

The trial at Belfast Crown Court had heard that the hospital van driver told Miss Bailie he was working undercover for the RUC and the drugs were needed for anti-terrorist activities. In fact he had passed the drugs, valued at £1,777, to a man he knew was a

member of the outlawed Ulster Volunteer Force.

The Committee heard that the drugs were ordered via a computer through the normal suppliers used by the hospital. Pharmacists were allowed to place the orders themselves and the drugs would then be delivered to them personally. The weakness in the system meant they could omit to record these orders on the Controlled Drugs register, a point taken up by the Committee who recommended that "rather old fashioned methods" of scrutiny be activated.

Giving the Committee's decision the chairman, Mr Charles Hill, QC, said the judge at Miss Bailie's trial deemed it such an

The newly refurbished headquarters of the Pharmaceutical Society of Northern Ireland



The Committee was told the tablets had been sold at more than twice the normal prescription fee. Mr McFarland agreed that the women who received the tablets "was practised" in the deception

of securing unprescribed drugs.

Mr John Thompson, QC, representing Mr McGivern said he had been associated with the Pharmaceutical Society for 40 years and at the time of the offences had been receiving treatment for stress. When he was approached by the woman he was told there would be a prescription "but got drawn in to supplying the lady". He had ceased, however, before it was brought to anyone's attention.

Mr Thompson said that Mr McGivern was planning to retire on June 30, 1988.

Giving the Committee's decision the chairman, Mr Charles Hill, QC, said it was a serious matter from the public's point of view. "We are generally doing our best for Mr McGivern, his family and the public. The quantities in this case are considerable."

Mr Hill said that between the date of the inquiry and June 30 Mr McFarland could assist Mr McGivern and his wife to make sure the practice was not a burden on them. "He is going to see his way to his retirement with his licence intact. He was a brilliant student and someone who is greatly admired by his profession. There will be no recommendation that he is removed from the Register until July 1."

exceptional case he had directed that a transcript of the court hearing be sent to the Committee with a view to leniency.

Mr Hill referred to the judge's comment that he had never before read such impressive references and said her conduct before the case came to court had been equally outstanding. Miss Bailie had also contacted the clerk of the Committee and asked that her name be removed from the Register of Pharmaceutical Chemists.

However, Mr Hill said it would not be proper to allow her name to remain on the Register but added: "Because of the high-opinions expressed by Judge Gibson at your trial we have not imposed a time limit."

'Check prescriptions' chairman warns

PSNI Statutory Committee Chairman Mr Charles Hill, QC, has asked teaching departments in Ulster to warn students about the "foolishness" of not checking prescriptions thoroughly, commenting on the case of four Belfast chemists who supplied Tenuate Dospan tablets on a prescription allegedly signed by a doctor in the Republic of Ireland.

At the Statutory Committee hearing, the pharmacist admitted failing to register the supply of the slimming aid tablets, failing to observe the Misuse of Drugs (NI) Regulations 1974 (in that they should only dispense prescriptions written by a doctor resident in the UK), and failing to retain the prescription.

Mr Frank Murphy, of 263 Antrim Road, Mr Ian Alick McConkey, of 209 Shankill Road, Mr John Colemand Robinson, of 86 Cliftonville Road, and Mr Patrick Joseph Teague, of 195 Antrim Road, all Belfast, had already been convicted of the offences which occurred on dates unknown between January 1, 1985, and July 30 1986. All four admitted the offences before the Committee.

The Committee's decision was to "note and enter in the minutes" the offences. But

insisting that the Committee's role was not to punish pharmacists a second time, chairman Mr Hill said its function was to "uphold the honour of the profession and protect the public." However, he said, "The offences which occurred were foolish rather than reprehensible. The Committee does not feel that these gentlemen are unfit to be on the register."

'Offences foolish rather than reprehensible'

And after hearing from DHSS pharmaceutical inspector Mr Ivan McFarland that it was a young female chemist who eventually became suspicious of a repeatedly dispensed prescription and alerted the Department, Mr Hill said: "Teaching departments should bring this case to the attention of their students. "It was the older members of the profession who fell prey to this foolishness, while it was a young member who brought it to the attention of the Department."

Mr MacFarland had told the Committee that the prescription — dispensed a number of times — had allegedly been signed by a doctor in the Irish Republic.

Reprimand for leaving unqualified assistant in charge

A pharmacist who left an unqualified assistant in charge of his business while he attended a two-day pharmaceutical conference has been reprimanded by the PSNI Statutory Committee.

The Statutory Committee heard that on June 11, 1987, Mr James Sterling, of Victor Dromore, co Down, had been convicted of four charges under sections 52 and 67 (2) of the Medicines Act 1968. These related to the supply on two dates in October 1986 of products — Amoxil, Brufen, xylometazoline paediatric nasal drops and ampicillin syrup — which are not on the General Sale List. He was fined a total of £60 for these offences.

The Committee heard that Mr Sterling left a young female assistant in charge of his pharmacy to attend a pharmaceutical meeting in England. It was during

this time, his solicitor Mr Anthony Downey explained, that the offences had taken place.

The girl who dispensed the items had now left Mr Sterling's employment and he had appointed a full-time pharmaceutical assistant.

Giving the Committee's decision the chairman, Mr Charles Hill, QC, said: "We take the view that this is a serious offence and on this occasion Mr Sterling has come close to the limit of our tolerance. "I think it's particularly serious because I represent the public view. By taking time off in this manner you have let down the high standards and reputation of your profession. If you do it once more you will cease to be a pharmacist."

"You can consider yourself quite fortunate that your name has not been removed pre-emptively as an example to others," concluded Mr Hill.

The case for a new Primary Care Authority

Mrs Jean Rothwell, FPS, chairman of Bolton Family Practitioner Committee, argues that creation of a new Primary Health Care Authority would improve co-ordination of community services and make better use of pharmacists.

In 1986-7 the net cost of providing family practitioner services to the 260,000 or so people of Bolton was £18,611,686, equivalent to £69.73 per head. The previous year the cost was £17,016,756 — or £63.59 per head.

Pharmaceutical services cost about £10m with an average number of 7.67 prescriptions per person, an increase of £1m (or about £4 per head) on the previous year.

Bolton is by no means a "high-flyer" as far as pharmaceutical costs are concerned: in fact we are towards the "bottom of the league" in the prescription cost table. For example, in October 1987, 75 FPCs had a higher average cost per prescription than Bolton and 14 had a lower cost. In that month, Bolton's average cost per prescription was £5.15 compared with £6.28 in Oxfordshire and £4.79 in Liverpool.

Are FPCs able to cope?

These are just a few of the monthly statistics which reflect the continuing increase in the cost of providing family practitioner services. We, as FPCs, must ask ourselves whether or not we are capable of providing a much more comprehensive service to the public, with all the expertise we have at our disposal. This would mean a much greater involvement than at present, both managerially and financially, but I feel that with the creation of a new Primary Health Care Authority, the NHS would be more cost effective, and patients would derive many more benefits — such as better co-ordination of services and better



care in the community — than they presently experience.

On every working day, it can be estimated that in Bolton about 2,500 people visit their family doctor, 1,250 visit a dentist and pharmacists dispense some 7,000 NHS prescriptions.

In addition, about 500 people may be visited in their homes by members of the primary health care team such as nurses, chiropodists, physiotherapists, etc, as well as members of the social services team such as home helps and social workers. These figures demonstrate the ever increasing demands on the providers of primary care services, and one cannot help feeling there is much evidence to show that the creation of a Primary Health Care Authority within the next decade should be the aim of both the family practitioner services and district health authorities.

We have a broad base on which to build a Primary Care Authority, one which would enable district health authorities to concentrate on the provision of hospital or secondary services. The new authority should be comprehensive and should totally encompass the needs of patients

in the community. It would also be beneficial to taxpayers and patients alike.

FPCs are gradually being given more powers to enable them to develop their role as custodians of the primary health care services. The implementation of the proposals in the White Paper "Promoting Better Health" will facilitate these changes.

Collaboration with DHAs and local authorities is essential if we are to make progress. At present the management of community services is the responsibility of district health authorities. Before 1974 local authorities were responsible for the management of health visitors and district nurses, but with the much more extended role these professional people have to play, their natural links are with the family practitioner services, working alongside GPs in the community, thus relieving DHAs of this responsibility, and enabling them to concentrate their management and resources on the hospital service.

Local authorities are responsible for the registration and inspection of residential homes for the elderly and they usually invite the help of DHAs for pharmaceutical advice. However, it is the community pharmacist who dispenses their prescriptions, and, at present, community pharmacists have no statutory right to intervene, although most now offer their advisory services free to the homes they serve.

When new applications are received for registration of homes for the elderly, FPCs need to be involved at an early stage in consultation with local

representative committees. Any potential problems can be identified before a home is registered, and the provision of adequate medical services, as well as pharmaceutical services should be assured before residents are admitted.

Many services presently provided by DHAs overlap with services provided by general medical practitioners and, as we identify these duplications, we can make progress. Many DHAs provide vaccination and immunisation sessions which could be carried out by GPs. The savings to DHAs in not having to organise these sessions would be considerable.

Many DHA and FPC services overlap

The provision of contraceptive services is another area of duplication. Many GPs already provide a contraceptive service, which is also offered by DHAs at family planning clinics, cervical cytology is also provided by both. We must ensure that the services provided by GPs are widely advertised and flexible enough to meet all needs.

There is no doubt that savings could be made in these and other "overlap" areas, and the opportunity to take on these new responsibilities can be seen as a challenge to all of us in the family practitioner service who are responsible for the provision of care to people in the community. Until 1985 FPCs were seen as administrative bodies responsible for the provision of "pay and rations" but the Government is now recognising that our

continued overleaf

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COMMUNITY HEALTH COUNCIL



continued from p798

managerial role is becoming more as such, needs appropriate support.

The circular HN (FP) (84) 37 outlined arrangements for FPCs' accountability through a five year cycle of performance reviews. Bolton FPC presented its case to the Department in March when we focussed our discussions on our policies and proposals for each of the family practitioner services.

Six million visit a pharmacy daily

We discussed our collaboration with the district health authority, community health council and local authority, together with our own efficiency and organisation.

The provision of family practitioner services depends on the commitment of those responsible. As a pharmacist I realise that pharmacists have a significant role to play in a new Primary Care Authority. Six million people visit a community pharmacy every day, so the community pharmacist is ideally placed to give practical advice and

help on many matters — such as healthy living, hygiene, family planning, etc. Community pharmacies also help to relieve the queues at doctors' surgeries in that they are accessible to the public for seven or eight hours each day. The Patients' Charter quotes the cost of a visit to hospital as £60, a trip to the doctor £5, but advice from a pharmacist is free!

Close co-operation between GPs and community pharmacists could help reduce the overall costs of prescribing by 18 per cent, by increasing the effectiveness with which medicines are used. It is also interesting to note that one in five hospital admissions of elderly people is related to adverse drug reactions. If elderly people were encouraged to register with one pharmacy for the supply of their medicines, the pharmacist could advise on any possible drug interactions — especially if the patient is buying OTC medicines.

The Nuffield Report brought out the fact that pharmacists have a wealth of knowledge which, at present, is under-utilised. Why should a pharmacist train for three or four years just to remain behind

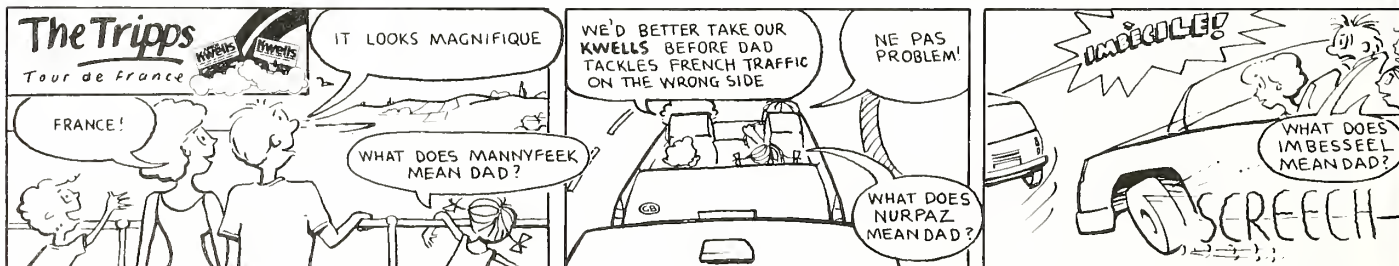
a shop counter? As pharmacists we must enhance our role in the community — visiting residential homes for the elderly, telling the staff about the importance of using medicines correctly and, as well as advising the public on the correct use of medicines, we should be advising our doctors on drugs, their dosages and possible side effects or incompatibilities, in the same way our hospital colleagues do on ward rounds. I wonder how many community pharmacists realise what an important part hospital pharmacists play in advising consultants and doctors about the choice of suitable medication for patients?

Psychiatric patients in the community are a category often in special need of help with their medicines, especially those recently discharged from institutional care. Without help and advice they can relapse and may need re-admitting to hospital. Why, then, should community pharmacists not be paid for helping all patients if it enables them to remain in the community and reduces the need to be referred back to hospital at much greater cost to the NHS?

Pharmaceutical services are an important part of primary health care. Pharmacists have the chance to provide a comprehensive service to everyone, but the Government must acknowledge that pharmacists need to be properly paid for their services.

Government must pay properly for our services

In Bolton we have lost five pharmacies under the incentive payment scheme for the relinquishment of NHS contract. At the same time we now have more suppliers of oxygen therapy equipment, more pharmacies providing out-of-hours service, more pharmacists regularly visiting residential or nursing homes to give advice on the storage and administration of medicines, and the Local Pharmaceutical Committee has recently been jointly involved with the managed service in a research project looking into the problems experienced by elderly patients in the community.



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Regaine: the bald facts

For six thousand years, men have been rubbing things into their heads to cure a perceived problem — baldness. The ancient Egyptians used lion and hippopotamus fat, Hippocrates recommended opium mixed with essence of roses blended with wine. Upjohn's recently licensed minoxidil lotion, Regaine, at last offers real hope to some sufferers.

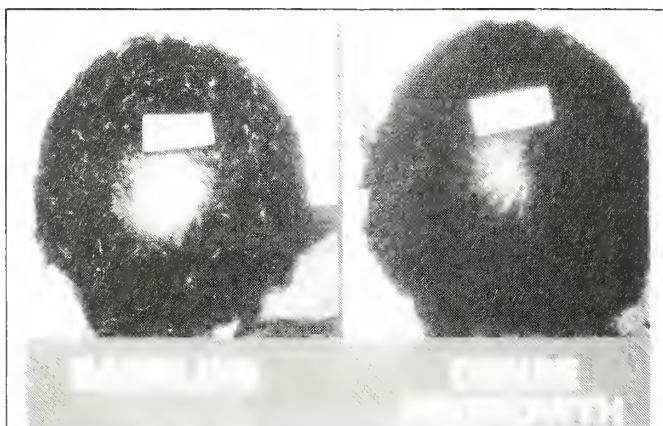
Regaine works, say Upjohn, but it is important to select suitable patients, provide full advice and ensure correct administration of treatment.

Upjohn's topical 2 per cent minoxidil solution is indicated for the treatment of pattern baldness in males, said to afflict 7.9 million adult men in the UK. In male pattern baldness — areata androgenetica — initial frontal recession is followed by the development of a bald spot on the vertex. Both areas extend and eventually coalesce on the top of the head.

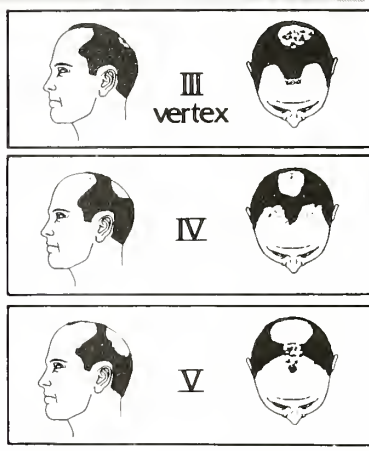
Men with baldness patterns categorised as Grades III, IV and V in the system devised over 30 years ago by Hamilton (see diagram) were enrolled into the major studies which have provided evidence of efficacy and safety. Trends in the data suggest that patients who are young (under 30), who have been balding for a shorter period of time (less than 10 years, but the shorter the better) or who have a smaller area of baldness on the vertex (less than 10cm diameter) are more likely to respond.

Studies in both the US and in Europe have shown a clinically significant benefit of Regaine compared to placebo after four months of treatment; some patients respond earlier and some later, but individual response is unpredictable. Upjohn say that most patients should know after 12 months if they are likely to respond.

If hair regrowth occurs, twice daily applications of Regaine are necessary for continued benefits. According to Upjohn's medical advisor Dr A.D. Mitchell, patients can expect to "turn the clock



Top, a photographic definition of "dense" regrowth. On the left, the baseline before treatment, on the right, the reduced area of baldness on the vertex after treatment. Right, Hamilton Grades III, IV and V considered suitable for treatment



back" five years, with continued application then holding the "clock". However, regrown hair will disappear three to four months after stopping Regaine and the balding process will continue.

Summing up trial experience, Dr Mitchell said that physicians treating patients assessed 39 per cent of patients as having at least moderate regrowth after 12 months treatment. But the

psychological factors inherent in a particular patient's perception of his baldness is revealed by the fact that 48 per cent of patients rated themselves in the same category.

Application

Each treatment pack (see p786) contains one 60ml bottle of the Regaine solution with three disposable applicators. Patients can use a pump spray for larger

areas, starting in the middle of the patch and gradually spreading the solution as far as 1ml will go. The extended tip can deliver solution to the scalp under existing hair while the dab-on applicator permits precise delivery of Regaine to specific areas of baldness. Whichever applicator is used, 1ml of Regaine must be applied to the bald area twice daily.

Side effects are generally restricted to skin irritations like contact dermatitis (the vehicle contains polyethylene glycol) in up to 5 per cent of patients, with cardiovascular effects, mostly lightheadedness, in less than 1 per cent. An average of 1.4 per cent of the applied dose is said to be absorbed through the skin.

£30 per month

Each 60ml bottle contains enough solution for a month's use. Upjohn say that the product is restricted to private prescription treatment only and will not be reimbursable under the NHS. With a trade price of £20 per pack, the company expects a month's treatment to cost patients around £30.

Women are currently excluded from the licence indications for Regaine, largely as a result of trial protocols specifying the male Hamilton system rather than the female Ludwig system for inclusion.

Upjohn say they are currently investigating female baldness; there is no reason to suggest that women will react differently and if this is shown to be the case, they will apply for a Product Licence variation, though this is unlikely before late 1989 at the earliest.

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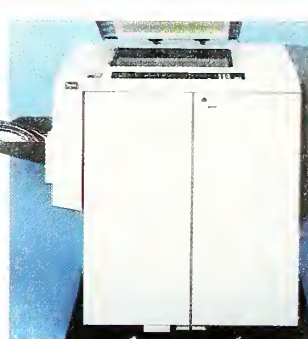
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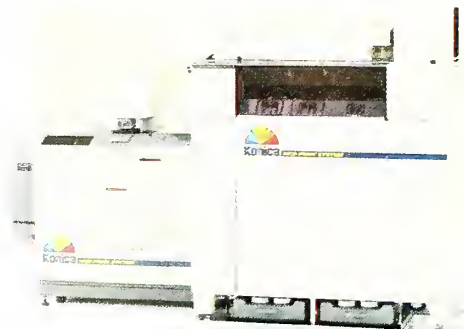


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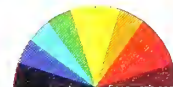
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POSTBAG

Calendar packs and urgent fees

I write concerning the present situation with regard to the dispensing of medicinal products which are packaged in calendar strips. At present a pharmacist may choose whether to dispense only whole strips or whether to dispense the exact quantity ordered by cutting such strips. I find the second option to be increasingly prevalent and having a rather suspicious nature I wonder at the reasons for this.

It strikes me that some pharmacies may be using this as a means of advertising and thus creating an invidious distinction between pharmacies which is, of course, against the Society's Code of Ethics. I believe that the cutting of calendar strips (except where the prescription is marked "exact quantity" and initialled by the doctor) should at worst be outlawed by the Ethics Committee and at best be disallowed for payment by the DHSS. This would cut out the lost customers due to, and I quote: "You don't give me what my doctor orders but *so and so* does. I shall take my prescription there in future."

'What about the little old lady who misses out Sundays to Thursdays because the strip only has Friday and Saturday on it?'

I urge the PSNC and the Society's Council to get their act together and remove this travesty of professionalism. Surely the profession should be seen to act collectively on this matter rather than each to his own as at present, which opens the way for abuse in order to obtain more custom. I apologise to anyone who honestly dispenses exact quantities because they feel it is the correct procedure but ask them to think again. What about the little old lady (and I have had experience like this) who misses out Sundays to Thursdays medication because the strip as supplied only has Friday and Saturday on it?

Another matter which I would like to bring to the attention of colleagues is the situation with regard to essential small pharmacies and urgent prescriptions. The formula for working out the payment due to an ESP is: The amount equivalent to the dispensing of 16,000 items per

year minus on cost payable minus *all* fees payable including urgent fees.

This means that an ESP contractor receives no additional payment for dispensing an urgent prescription which may entail getting out of bed in the middle of the night and travelling some distance in order to open the pharmacy or turning out in the middle of Sunday family activities. How many of our colleagues would feel happy with this state of affairs: it would be different if we were paid on a capitation fee system which takes such possibilities into account as are our medical colleagues.

I have written to the PSNC highlighting this discrimination and requesting that urgent fees be removed from the calculation and paid in addition to the ESP payment. It is perfectly correct for all other fees, eg CD fees to remain within the calculation as these are payable for services provided during normal opening hours which is what the ESP scheme is meant to cover. I am sure it was never envisaged that ESP contractors would be disadvantaged when it came to urgent prescriptions: if it was then effectively the ESP payment is a payment for being available 24 hours per day and is as such no where near enough. In this letter I also stressed that any new payments for patient medication records etc, should be outside of the ESP calculation otherwise once again ESP contractors will be disadvantaged.

"Disillusioned"

Thank you!

Through your column could I please thank everyone who sponsored me for the London Marathon. The generosity of them all (and especially Leo Laboratories and the Royal National Pension Fund for Nurses) enabled me to raise over £300 for the Lord Mayor of Portsmouth's Appeal.

Martyn Hudson
Waterlooville, Hampshire

Zinc hiccup?

We have known for a long time that zinc can have a role to play in helping fight coughs and colds. These findings have been endorsed by scientific studies world wide. So overwhelming is the scientific evidence about the benefits of zinc that it is amazing that the Consumers' Association should find otherwise in its *Drug*

& Therapeutics Bulletin published last Monday. "Claims about zinc are unsubstantiated", the report said (see p775).

Thousands of people take zinc tablets regularly and hundreds have written to us saying how effective they have found them. Celebrities such as Bob Monkhouse, Derek Jameson and Barbara Cartland have publicly stated how useful they have found zinc in fending off coughs and colds.

The greatest ally, however, must be the Government's own common cold research laboratories which, before conducting its own trial, was highly sceptical about the claims made concerning zinc. Having spent 18 months thoroughly researching zinc, they announced at a scientific meeting in Toronto that zinc does have a "significant role" to play in helping to fight the common cold.

Their findings back those of similar scientific studies in the United States, Canada and Scandinavia. The scientists still do not know exactly why zinc works, but with almost the sole exception of the Consumers' Association, they agree that it does.

Pradip Pattni,
Managing director, Vitalia Ltd.

YPG wants supervision comments

The supervision debate considers delegation of certain duties to "suitably qualified" counter and dispensary staff. It is thought that staff involved will need to reach a minimum standard of training before any such move is allowed. A useful suggestion, but one that in itself poses a number of other questions, notably:

1. What would this "suitably qualified" person be expected to do?
2. What is a minimum standard and what should an appropriate training package contain?
3. How will a training programme be run?
4. How will it be financed?

A Young Pharmacists' Group working party is considering these and other questions, with a view to producing a discussion document. Should any pharmacist wish to contribute their views, a submission would be more than welcome; send to: Neil Brough MPS, 40 Farndale Road, Nunthorpe, Middlesbrough, Cleveland.

Mark Koziol
Vice-chairman, YPG

BUSINESS NEWS

Results push Hoechst back into black

A 10 per cent increase in turnover for 1987 gave Hoechst UK after-tax profits of £11.2m compared to a £800,000 deficit in the previous year.

Pre-tax profits of £19.2m (1986: £3.2m) on sales of £645m marked the most successful year in the company's history, say Hoechst, with all UK Group companies showing improvements in profitability.

Performance in pharmaceuticals improved for both ethical and generic products, but the agrochemicals business was badly affected by adverse weather, says the company. It notes the animal health division sustained its position despite withdrawal of an anabolic steroids product following the EC directive prohibiting the use of hormonal growth promoters.

The Group are now looking at several companies with a view to acquisition in order to build up their mainstream business. They have denied rumours that they are building up a stake in Courtaulds.

They also plan to invest £20m in UK project expansion which will include extension of the Cox Pharmaceuticals plant in Barnstaple. They have no plans to relaunch a drug discovery plant in this country, following the closure of the Milton Keynes plant last year.

Unichem EGM on horizon

A Unichem extraordinary general meeting looks likely after member John Newbould received some 470 letters of support for his alternative resolution on the co-op's future.

Mr Newbould of Rother Pharmacies in Rotherham asked for support for an EGM to discuss the resolution reading "the members of the society support the proposal that the society be converted into a limited liability company and seek a stock market quotation in 1988 or such later date as the members may direct, in a manner which enables only those persons who were members of the society as at March 31, 1988, and who remain members at the date of conversion to participate in the equity capital of the company on conversion."

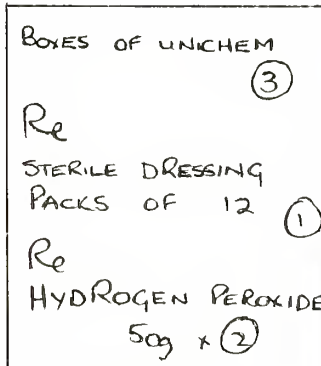
Mr Newbould sought support through a letter to the *Pharmaceutical Journal* in March for a resolution to remain a friendly society. This current move was taken after discussing the matter with other Unichem members though Mr Newbould would not comment on the financing of the campaign. He told *C&D* that the outcome of the new resolution could take the same effect — only 25.1 per cent of members would need to now vote against it. "One chief purpose in seeking an EGM is to allow open

discussion between members and the Board," said Mr Newbould. "Chemists seem to want a meeting, and a meeting on a Sunday so they can all attend."

As *C&D* went to Press, Mr Newbould said he had received 470 letters of support for the resolution. An approach to the Board is expected next week.

Unichem's chief executive Peter Dodd told *C&D* that the rules of the society would allow only the resolution proposed to be discussed. He anticipates it being voted out and things continuing as before.

Meanwhile Macarthy are still holding fire on the level of support received for their resolution, and the Department of Trade has yet to report on Unichem's store schemes.



How to obtain shares?

Poll tax 'a threat to business'

Some 50,000 small businesses, mainly retailers, could be put out of business by the Government's rates proposals, says the Forum of Private Business.

The Government plans to introduce a Uniform Business Rate with the domestic poll tax, which will coincide with property revaluation to produce increases in some cases of up to 200 per cent. Though they have recently agreed to extend the original five-year phasing-in of the new charges, the FPB says this will not save all affected businesses. They have sent a Parliamentary brief to 610 MPs asking for a "safety net" amendment.

This calls for a Rate Abatement Scheme for businesses which can be proved to have been financially secure before the introduction of the new charges, and suggests that rates could be paid according to four categories of taxable profit: 25 per cent of the charge to be paid by those earning less than £2,500 taxable profit; 50 per cent for less than £10,000; and 75 per cent for less than £20,000.

The FPB says 63 MPs have so far responded to their call, and Theresa Gorman (Conservative, Billericay) has tabled their amendment to the Government's Bill at its report stage, due to be discussed in Parliament soon.

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"I only sent you in for my prescription!" "Well, it was so nicely displayed!"

Costs cut into Regina's profit

Costs of marketing were blamed for a 58 per cent drop in Regina Health & Beauty's interim pre-tax profits.

Turnover for the six months ending December 31, 1987 increased to just over £1m from £685,000 for the same six months ending 1986, but pre-tax profits dropped from £148,000 to £62,000.

Chairman Irene Stein says that while profit targets were met, the results reflect the costs of marketing including advertising and promotional work in the UK. Worldwide sales have increased, she says, and in the UK via increased distribution through pharmacy and their launch into 130 Safeway stores.

Earnings per share dropped by 4 pence to 2 pence.

Next step for Allens

Allens Chemists have a new managing director and chairman — Jim McCarthy and John Hayward, who both hold the same posts with Next's subsidiary, Dillons Newsagents.

The changes follow Next's decision to keep and expand the Allens chain (*C&D*, December 12, 1987, p1193) which they purchased as part of the Combined English Stores, and it sees them putting their neighbourhood outlets under one common control.

The reshuffle by the parent company takes the leadership of Allens out of the hands of a pharmacist — Allen's current managing director Ralph Weston has agreed to retire; but Mr Hayward told *C&D* that the day to day running will be very much in the hands of the three resident directors, Anthony Burkhill, Adil Cowan MPS, and Michael Swan MPS.

"They will probably assume greater responsibility than previously enjoyed," says Mr Howard. "But Mr McCarthy and myself have been dealing with small retail units for many years and we hope to contribute something on the OTC/general retailing side."

"We are anxious to acquire owners and build up the business."

Allens have also appointed two new district managers: Margaret Kutty and David Stevenson.

AAH add Jamieson to franchise scheme

AAH are extending their franchise scheme by purchasing the 29-strong group of W. Jamieson (Chemists) Ltd.

Confirming last month's trade rumours (*C&D*, March 26) AAH announced the £14m deal this week. It involved a £1.26m payment and the issue of 4,279,246 shares, the balance being dependent on disclosed net assets which are expected to be no less than £2.07m, says AAH.

The 29 Jamieson units in South Yorkshire and North Derbyshire extend AAH's geographical coverage and when converted into franchised pharmacies trading under the Vantage banner will give the Division a total of 50.

Bill Revell, AAH's director for pharmaceutical said that a further important benefit of the Jamieson deal was the securing by AAH wholesalers of some £8 million of new sales from other suppliers.

Retail role in cracking crime

All small businesses should be stepping up their crime prevention measures, according to the CBI's small firms council.

The council is not looking to set up new organisations to tackle the problem, but is encouraging firms to involve themselves in local community crime prevention schemes.

Following a meeting of the council this week, when members discussed prevention methods with John Patten MP, Minister of State at the Home Office, the council's chairman Harry Kleeman outlined measures that could be taken:

- Ensuring their staff are safe at work.

- Providing transport in cases where staff have to travel through problem areas or are working unsocial hours.

- Improving links with local schools and providing opportunities for young people who form the highest offender group in the UK.

- Participating in Business Watch schemes.

- Encouraging trade associations to present awards for designs incorporating crime prevention devices.

- Seeking advice from architect liaison officers attached to the police when designing or remodelling business premises.

Mr Kleeman explained that many owner-managers of small businesses were already involved in Business Watch schemes throughout the country. Mr Patten had told them that the Safer City Project launched in Wolverhampton last week was to be extended to other cities. "The new projects involving the police,

business, social workers, schools and a Home Office co-ordinator will help the whole community, including business. A pilot scheme in North Tyneside had cut business break-ins by 50 per cent in one year," said Mr Kleeman.

"The priority for managers of smaller firms is to run their business profitably. However, they are often hampered by acts of crime and vandalism and the urban environment in which they operate," he said.

Cow & Gate buy Dietary Group

Cow & Gate has announced that its parent company, Nutricia, has bought the G.F. Dietary Group of companies.

The G.F. Dietary Group, which is based at Stanmore, Middlesex, manufactures and markets a range of gluten-free foods. The G.F. Dietary Group is also involved in other dietary and health food products, including a range of ready meals specifically aimed at the dietetic market.

Foods merger

Dietade Foods, the health and dietary foods subsidiary of Allied-Lyons, is being merged with its sister company Margetts Foods Ltd from May 2.

Margetts Food produces preserves and fruit products and in recent years has manufactured many of the foods in the Dietade range.

The Dietade administration will be merged with its new parent company, with head offices at Greenford, and Margetts will effect all deliveries from May 2.

A close shave in retail competition

Retail outlets designed to offer the whole toiletry shopping solution for men are going to be opening up in Britain.

Two of the newly launched Shave Shops have already opened in London, offering what the company calls an up-market image at affordable prices. As well as a wide range of razors and shaving accessories, the company says it will be selling own label products made from natural ingredients packaged in lightweight containers in five categories — face, hair, body, sun and sport, with prices ranging from about £0.75 for soap to around £12.95 for the top end of Shave Shop's cologne range. Some aerosol products will be on sale, with an alternative natural spray variant where possible, says the company.

Chairman and joint managing director Margaret Hobbs, who previously worked on the administrative side of design told *C&D* that she sees this filling a niche in the market giving accessibility and convenience for all men. "We aim to cater for all ages," says Ms Hobbs. "And with an emphasis on the man on the move, products will come in a travel/sampler size as well as standard package for the bathroom. Travel and gift sets will be available, the latter likely to appeal to women buyers who currently account for nearly 50 per cent of male purchases."

Another six units are planned for this year, with a national target of 30 by 1991. They are being designed by fellow managing director Keith Hobbs.

Plus minus Harris

Generic manufacturers Harris Pharmaceuticals say they have withdrawn their support from the Product Licences Under Siege (PLUS) campaign.

PLUS was formed initially to fight Lord Northfield's private member Bill, which would have removed the licences of right provisions of the 1977 Patents Act. The group also campaigned, so far without success, against a similar clause included in the Copyright, Designs and Patents Bill, currently before the Commons after completing a long passage through the Lords.

Winners of Queen's Export Awards

Polaroid, Sero Diagnostics and Casburt Pharmaceutical Equipment are among the companies who have been given the Queen's Award for Export Achievement 1988.

Polaroid's factory in the Vale of Leven Industrial Estate, Dumbarton, is the only Polaroid camera manufacturing plant outside the US and makes a range of cameras including the recently launched Image model. The factory sells film and cameras to countries worldwide.

Sero Diagnostics manufacture radio-immunoassay kits for use in hospital, laboratories and large GP practices. They include kits for ovulation testing, pregnancy testing and thyroid disease investigation. Around 90 per cent of the company's products are sold overseas.

Casburt Pharmaceutical Equipment sell a range of driers and conditioners under their own name as well as tablet processing equipment overseas for other

companies.

The company's chairman Mr Caswell told C&D that usually around 65 per cent of sales go abroad to some 30 or 40 countries.

In Britain sales of the company's drying equipment are split roughly 50/50 between the pharmaceutical industry and foodstuff manufacturers.

Financial goal

Unichem are out to win business from AAH by offering new loan packages.

One scheme, organised through Barclay's Epsom Business Centre, offers an alternative loan scheme to that of AAH/Statim finance, also operated by Barclay's, and is designed for pharmacists wishing to join Unichem so as to benefit from their share scheme. Unichem say Barclay's will maintain the loan at Unichem's interest rates in return for a £100 one-off arrangement fee, and a Unichem guarantee in substitution for AAH's. A second is designed to enable pharmacists to finance the purchase of a freehold or long leasehold property over 20 years instead of the current ten years. Interest rates are set at 1.25 per cent above base rate — lower than current rates on domestic mortgages, claim Unichem.

APPOINTMENTS

New chairman at BCA

Bruce Moss has been appointed chairman of the Bradford Chemists' Alliance, succeeding William Chanter who is due to retire next year.

Mr Chanter has served on BCA's Board for 25 years, 10 of those as chairman. He will remain a director of the company for a further 12 months. His successor Mr Moss has served as a director since 1970.

Polaroid (UK) Ltd: David Bleazard is appointed UK sales manager for the business and professional division. Mr Bleazard joined Polaroid in 1973 and for the past seven years has been a regional sales manager. He now leads the 15-strong UK sales team and handles business in Northern Ireland. Kevin Westbury has been made Polaroid regional sales manager-North for the business and professional products division.

Cyanamid of Great Britain Ltd: David Lilley has been appointed

managing director.

Hoechst Pharmaceuticals: Dr Cameron MacDonald has been appointed head of drug development, based in Milton Keynes. He moves from his position as head of drug metabolism.

Kodak Ltd, professional photography division: Gavin Nichol has been appointed product manager, colour negative products and equipment replacing John Parsons-Smith who has left the professional photography division to become sales manager in the motion picture and audiovisual division. Chris Cox joins the head office team as product manager, black and white products.

Proctor & Gamble: John O'Keefe is appointed general manager and managing director of the company, succeeding Ronald G. Pearce who becomes division manager in Japan. Mr O'Keefe moves to his new post from Taiwan where he was general manager of the Group's Modern Home Products company.

Beecham Products: David King, managing director of the food and drink division has been appointed its chairman, and David Boyle, managing director of the international division has become its chairman.

COMING EVENTS

All roads lead to Notts for students

The 34th congress of the International Pharmaceutical Students Federation will be held in Nottingham, from July 27 to August 5.

The theme this year is "The pharmacist as a health educator". The PSGB president, Mrs Edwina Currie, MP, and Mr David Tait, president of the BPSA will speak at the opening ceremony.

Other speakers will include Mr Tim Astill, Dr A. Morley, Dr A. Balon and Mr B. Rhodes. Congress fees are £250 including accommodation. A deposit of £30 is required by April 30 and the balance must be received by June 30. For late applications, after April 30, the fee is £280.

Further information from, IPSF reception committee, c/o Ruth Goldstein, 21a Staines Road West, Sunbury-on-Thames, Middlesex TW16 7AB.

Monday, April 25

Southampton Branch, Pharmaceutical Society, Postgraduate Centre, Southampton General Hospital at 7.30pm. General meeting followed by "Humour and invective in Medicine" by Dr P. Redfern.

Tuesday, April 26

Barking & Havering Branch, Pharmaceutical Society, the Academic Centre, Oldchurch Hospital, Romford at 7.30pm for 8pm. Mis lable

1988? — the tedium of the AGM will be relieved by a lighthearted examination of labelling.

Barnet Branch, Pharmaceutical Society, Postgraduate Centre, Barnet General Hospital at 8pm. General meeting, followed by "What is happening in the pharmaceutical industry today" — speaker Mr David Massam.

Thursday, April 28

Eastbourne Branch, Pharmaceutical Society, the Lamb Inn, Old Town, Eastbourne, at 8pm. General meeting.

Weald of Kent Branch, Pharmaceutical Society, the Postgraduate Centre, Kent & Sussex Hospital at 7.30pm: Dr Paul R. Key (Consultant in GU Medicine) on AIDS and its implications for pharmacists.

Sunday, May 15

Blackmores Laboratories at the Novotel Hotel, 1 Shortland, London W6. "Herbal remedies and how best to display products". The speaker will be Ms Mans Campbell at 10.30am. The seminar is free and a buffet lunch and afternoon tea will be provided. Tel: 0753 683815.

Advance information

Institute of Quality Assurance. "Introduction to quality assurance in the manufacture of pharmaceuticals". The Viking Hotel, York on May 9-12. Cost £465 (+VAT) includes accommodation. For further details phone Helmsley (0439) 71617.

Proprietary Association of Great Britain. General meeting and annual dinner at the Hilton Hotel, London on June 30. Details from PAGB. Tel: 01-242 8331.

Office of Health Economics. "People as patients and patients as people." Symposium at the Royal College of General Practitioners, Princes Gate, London on July 5. Entry by invitation only. Information from OHE, 12 Whitehall, London SW1.



Pharmaceutical suppliers Philip Harris Medical give financial director John Evans a boisterous retirement send off. Managing director David Linney and marketing director Ron Warrilow bear him off in style in a 1930s patient's carrier while warehouse and office staff give a rousing farewell. Mr Evans started with the company as a wages clerk in 1955. He became financial director in 1980, and retired at the end of the financial year.

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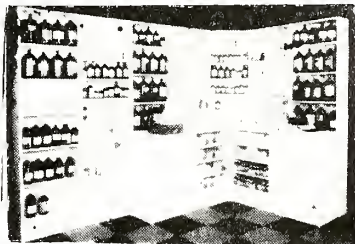
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ABOUT PEOPLE

UK practice first for Geoff Booth

Dr Geoff Booth has been appointed as the UK's first professor of pharmacy practice. The position at Bradford University is to be sponsored by Glaxo Pharmaceuticals.

Professor Booth, president of the Pharmaceutical Society of Great Britain 1985-1987, is a senior lecturer in pharmaceutics and director of the pharmacy practice research unit at Bradford University.

Pharmacy practice is his special interest subject. His doctorate, obtained from Bradford in 1969, was the first in the subject from any UK school of pharmacy. He set up the University's pharmacy practice research unit in 1964 and has researched widely in the area publishing over 60 papers. He is particularly interested in the safe and cost-effective use of NHS medicines and the role of pharmacists in the community and in hospital advising patients on the use of medicines.

From 1961-1974 Professor Booth owned and directed two community pharmacies and during the course of his research has worked in hospitals.

His many consultancy and collaborative links with industry have given him an expertise in drug industry/NHS relationships, especially in the area of drug procurement policy.

He is a member of the Standing Pharmaceutical Advisory Committee: DHSS which advises the Secretary of State for Social Services and Health Minister. He serves on the Committee on Safety of Medicines and is a member of the Health Care Scientific Advisory Committee of the Council of Science and Technology Institutes.

As well as being a member of the PSGB's Council and serving on its Ethics, Law, Education and Organisation Committees, Professor Booth is a member of

Committees of the Hospital Pharmacists Group and Industrial Pharmacists Group. He is chairman of the Joint Committee of the Pharmaceutical Society/College of Pharmacy Practice and a member of the CPP's research and development committee.

Commenting on the appointment, Glaxo Pharmaceuticals deputy managing director Mr Glynn-Williams said "pharmacy practice is an important area of study highlighted in the 1986 Nuffield Report which discussed



the need for pharmacy studies and research. The University of Bradford has already had a great deal of success in making the subject more widely known and understood. I am delighted that Glaxo Pharmaceuticals through the sponsorship of this chair will be able to promote further research and training in this important field."

AAH first

Mrs Jean Fairclough has been appointed branch manager of Ayrton Saunders' Huyton, Liverpool branch.

As well as being the AAH Pharmaceutical Group's first female branch manager, Mrs Fairclough appointment is believed to be a UK first too.

She joined Vestric Preston's accounts department in 1970 and held several supervisory posts before becoming assistant branch manager at the depot in 1985.

Marathon efforts

Following last Sunday's Mars London Marathon *C&D* has managed to catch up with news of intrepid pharmacy runners. The heat of the event seems to have gone to the head of at least one of them, who for some reason felt he had to turn up dressed as a parrot.

It was a first marathon for Devshi Chandegra, East London, who took 4 hours 11 minutes. On Monday he said he felt fine, apart from his knees, but he would have preferred a day off. He hopes to have collected £2,500 from sponsorship, mainly for the Imperial Cancer Research Fund.

Another first timer, 36 year-old Andrew Snee of Hornsea, broke the four hour barrier by one minute. He described the first 20 miles as "comfortable" but the last six as "torture". He hopes to have collected nearly £1,000 for the National Deaf Society.

Karl Brown, 23, who works for Boots in Brighton, finished in 4 hours 12 minutes. "It nearly killed me," he said. He raised just over £150 for British Cancer Research.

Maureen Gunby clocked up her best ever marathon time at 3 hours 11 minutes. "It was far too humid but it seemed to go right for me personally." Money raised in sponsorship is going to Child Cot Death Research.

Ann Wilton from High Wycombe in Buckinghamshire was pleased with her time of just under 4 hours. She believes she has raised around £400 for a range

of charities including MIND, Birdsgrove House, Cancer Research. Belfast locum Maureen Oliver's second marathon went well. She managed a time of just under 3 hours 50 minutes and raised £200 for St John Ambulance.

Despite injury David Dainty from Barnsley decided to run and went round steadily in a time of 4 hours and 6 minutes. He reckons to have raised around £700 mostly from selling raffle tickets at his pharmacy in conjunction with the *Daily Mirror* "Mirrothon". Most of the money is going to muscular dystrophy research.

If you thought you saw a parrot running round London last Sunday you were probably watching Dr Michael Starr, lecturer in pharmacology at the School of Pharmacy in London. Mike took 4 hours 50 minutes to get round the course and collected some £250 in a bucket on the way. In all he reckons he has raised some £600-£700 for Great Ormond Street Hospital.

Another entrant from The School of Pharmacy was Professor Mike Newton who is head of pharmaceutics. He finished in under 3 hours.

One time pharmacist and London marathon winner Charlie Spedding could only manage tenth place this year in a time of 2 hours 12 minutes 28 seconds, but, in a surprise move, Charlie has been picked for the Seoul Olympics.

DEATH

Keith Sinclair on April 17. Keith Sinclair was marketing controller at Numark who he joined from Fine Fare ten years ago. He was responsible for many ICML/Numark own brand launches including Nusoft disposable nappies.

Trevor Dixon, Numark managing director writes: "The whole of the Numark organisation owes a great deal to Keith in his determination for own brand products to succeed."

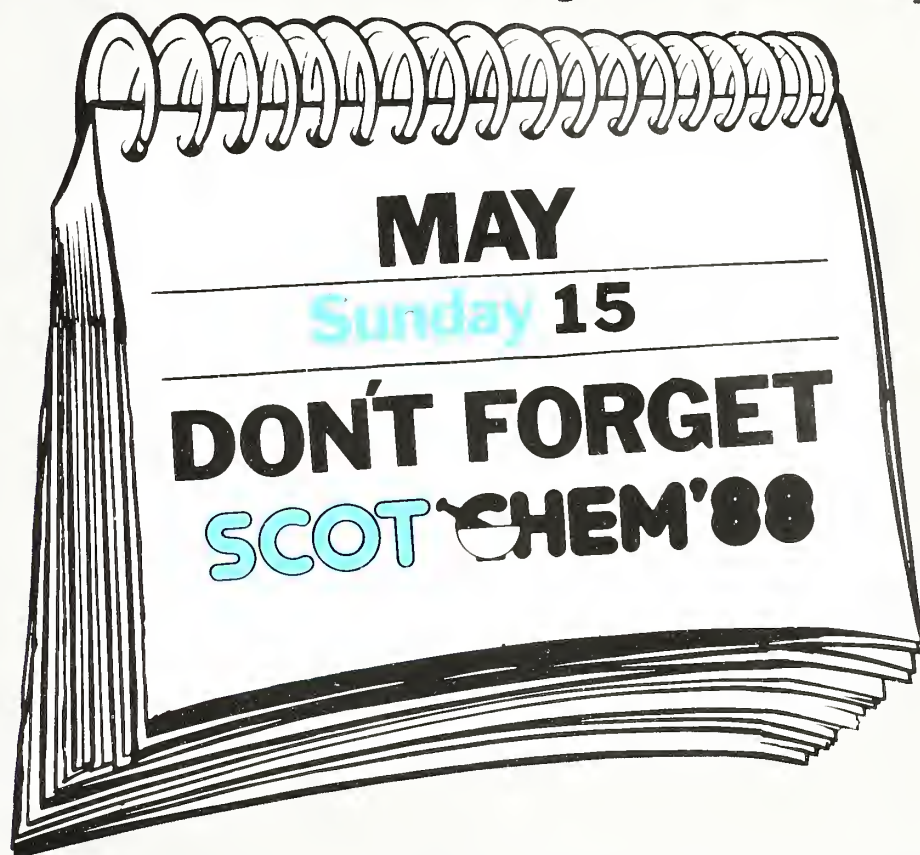
"On a more personal note, Keith was the very essence of

kindness and was constantly ensuring the wellbeing of his family, friends and 'work mates'. He was also a devotee par extraordinaire of golf and had an abundant fund of stories. In fact in the January/February edition of *Numark News* 'jokes' are listed among Keith's hobbies.

"Keith was an individual, with a huge appetite for life and was an example to his colleagues."

"He will be sadly missed at Numark central office and to his wife and three children we send out most heartfelt sympathies."

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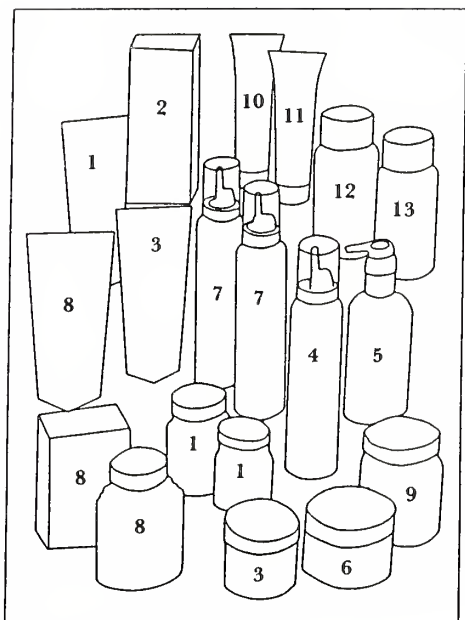
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